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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0367

CERTIFICATE OF BEATH

	20	0.1	CERTI	FICA	IE OF	PEMIL	1		Reg. Di	ist. No.		
PLACE OF DEATH a. COUNTY Prince Geo	rges		MARY	LAND	o. STATE		ere deceased					ion)
b. CITY OR TOWN (If o	utside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	ulside corpo	rote limits, write I	RURAL and	give neo	rest low)
Cheverly				Day	N Oxon	Hill,						
OR INSTITUTION		_	address)		1		r Rd.	S. E.			ON A	FARM?
NAME OF			Middle						oth	Do		Yeor
(Type or print)	Lovi						OF DEATH			1		19 58
SEX - 6							-	9. AGE (In years	_	1 YEAR	_	
Female	Nagro	WIDOW	DIVORCE	D .	April		1893	last birthday) 65 yrs.	Months	Doys	Hours	Min.
during most of working	life, evan if retired	done 10b.	KIND OF BUSINESS C	R INDUST				• •	12. CI			COUNTRY
FATHER'S NAME				-								
	Albert	Wil1	iams		I	Rache	1 Wil	liams				
WAS DECEASED EVER III	N U. S. ARMED FOR Net, give wor or dates of st	CES? 16.	SOCIAL SECURITY NO			. War	ren,			et,	N.E	
18. CAUSE OF DEATH	Enter only one co	use per lis	ne far (a). (b). and (c).]			-					
PART I. DEATH	WAS CAUSED BY:	. 1	fultiple pr	lmpn	arv inf	arcts						
465X									-	-		
Conditions, if any,	which)											
	rediote (
lying cause last.												
				ATH BUT N	OT RELATED TO	O THE TERMI	NAL DISEASI	CONDITION GIV	VEN IN PAR	T 1(a) 1	PERFO	RMED?
20g. ACCIDENT WAS I	INDERLYING []			CCUPPED	(Enter poture o	of injury in f	Port Lor Port	II of item 18.)			YES K	ио П
OR CONTRIBUTING [CAUSE OF DEATH DICAL EXAMINER)		CHOC HOT HOUSE	CCONNED.	(ciner noiore (or mijory or c	011 7 01 1011	it of tien to.,				
20c. TIME OF INJURY Haur o. m.		While	Nat white _	20e. PLAG	E OF INJURY	(Home, form e bldg., etc.	, 20f. (City	or tawn)	(County)		(State)
		_					1					
21. I certify that	I affended the	decease	ed from Jus	1e-17	, 195	8 to_A	1g-1	, 195	gthat I	last sa	w the	deceased
alive onA	1 111-	19.	18-1, and that	Ceolb	accurred at					he dat		
ACTUAL SIGNATURE	elliam	X	beson		D. 53	304	Ann	apolis	Re	el	D/	TE SIGNE
PHYSICIAN'S NAME (Type)	V				B	lades	uslu	us 7	Mari	ila	ud	1
	226. DATE THEREO	F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	10 4 gity, town,	or county		(State	e)
Burial	8-6-58	3	Church	1 Cer	neterv		-		1.		Md.	
FUNERAL DIRECTOR'S S	IGNATURE	30	ADDRESS	C+	2.72	24a. REC'I	BY REGIST	RAR 24b. REG	STRAR'S SI	GNATUR		
ohn T. Rhi	ines & C		24 TO 111	DL.	, N.L.	DARUG	7 '58	leed	- 2 ALI	1		
	G. COUNTY Prince Ge C b. CITY OR TOWN (If o RURAL and give near Cheverly d. NAME OF HOSPITAL OR INSTITUTION Prince Ge C NAME OF OECEASSD (Type or print) SEX Female a. USUAL OCCUPATION during most of working HOUS CWIL FATHER'S NAME WAS DECEASED EVER II b. DEATH PART I. DEATH PART I. DEATH A Conditions, if ony, gave rise to imm couse (a), stoling the fying cause last. PART II. OTHER Infarct 20c. ACCIDENT WAS I OR CONTRIBUTING II (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Haur o. m. p. m. 21. I certify that ative an	PLACE OF DEATH a. COUNTY Prince Georges b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Cheverly d. Name of Hospital (If not in hospital, gor institution) Prince Georges Gene NAME OF Fire OECEASED (Type or print) SEX a. COLOR OR RACE Formale Negro JUSUAL OCCUPATION (Give kind of work of during most of working life, evan if relired) HOUSEWITE FATHER'S NAME Albert WAS DECEASED EVER IN U. S. ARMED FORm. Though the properties of the print of the pri	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Prince Georges General NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE Formale Negro 16. COLOR OR RACE Formale Negro WIDOWN AUDIAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) HOUSEWITE FATHER'S NAME Albert Will WAS DECEASED EVER IN U. S. ARMED FORCES? II. No. or unknown) If yer, give wor or dates of service) NO 18. CAUSE OF DEATH [Enter only one couse per limit part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c). PART II. OTHER SIGNIFICANT CONDITIONS (c). PART II. OTHER SIGNIFICANT CONDITIONS (c). PART II. OTHER SIGNIFICANT CONDITIONS (c). PART III. OTHER SIGNIFICANT CONDITIONS (c). PART II	PLACE OF DEATH d. COUNTY Prince Georges b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Chevery d. Name of Hospital (If not in hospital, give street address) OR INSTITUTION Prince Georges General NAME OF First Middle Occeases (Iype or print) SEX 6. COLOR OR RACE FORMARIED NEVER MARRIED NEVER	PLACE OF DEATH a. COUNTY Prince Georges B. CITY OR TOWN (If outside corporate limits, write RURAL and give necerst town) Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince Georges General NAME OF OECASED (If yee or pint) SEX A. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Female Negro DIVORCED DIVORCED DIVORCED A JULIAL OCCUPATION (Give lind of work done libb. KIND OF BUSINESS OR INDUST HOUSEWITE DIVORCED D	PRACE OF DEATH a. COUNTY Prince Georges b. CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 16 RURAL and give necessit lewn) C. CHOYOFT V 1 MO 15 Days (Oxon C. CHOYOFT) V 1 MODEL MARKED (In the control of the control of the control oxon C. CHOYOFT V 1 MODEL MARKED (In the control oxon C. CHOYOFT V 1 MODEL MARKED (IN the control oxon C. CHOYOFT V 1 MODEL MARKED (In the control oxon C. CHOYOFT V 1 MODEL MARKED (IN the control oxon C. CHOYOFT V 1 MODEL MARKED (IN the control oxon C. CHOYOFT V 1 MODEL MARKED (IN the control oxon C. CHOYOFT V 1 MODEL MARKED (IN the control oxon C. CHOYOFT V 1 MODEL MARKED (IN the con C. CHOYOFT V 1 MODEL MARKED (IN the control oxon C. LENGTH (IN t	PART LO EATH a. COUNTY Prince Georges b. CITY OR TOWN (If outside corporate limits, write cutty of town (If outside cutty of town) (If outside cut	PACE OF DEATH a. COUNTY Prince Georges b. CITY OF TOWN (If outside corporate limits, write gurant and georges georges georges georges georges georges georges grant and georges grant and georges georges georges georges georges georges grant and georges georges georges georges georges grant and georges grant grant georges georges grant georges georges grant grant georges georges grant	PLACE OF DEATH a. COUNTY Prince Ge orgas b. CITY OF TOWN If outled corporate limits, write L. CITY OF TOWN If outled corporate limits, write L. CHYOF TOWN If outled corporate limits, write L. MOTHER SHORT IN A AUGUST IN	PRACE OF DEATH 6. COLUNT PRINCE GEORGE Prince Georges 6. CITY OF TOWN (If outside corporate limits, write local transport of the prince of	PLACE OF DEATH 6. COINTY MARTIAND Prince Georges E. CITY OF TOWN (If outside corporate limits, write local contents and the material laws) Prince Georges E. CITY OF TOWN (If outside corporate limits, write local contents and the material laws) Prince Georges E. CITY OF TOWN (If outside corporate limits, write local contents and the material laws) Prince Georges E. CITY OF TOWN (If outside corporate limits, write RURAL and give necessary) Charactery 1. Conditions 1. Conditions 1. Charactery	PLACE OF DEATH A. COINTY MARYLAND Prince Georges B. CITI OR FOWN If coulde corporate limits, write L. ENNOTH OF STAY IN 1b L. CITY OR FOWN If coulde corporate limits, write L. CHOOTH OF STAY IN 1b L. CITY OR FOWN If coulded corporate limits, write RUKAL and give necestal low AND COLOR OR PRINCE A. COLOR OR RACE A. COLOR OR RACE A. MARRIEDEN INVERT MARRIED NAME OF COCARD Prince Georges General A. MARRIED LOVIE BRILL COLOR OR RACE A. MARRIEDEN INVER MARRIED NORTH COLOR OR RACE A. MARRIEDEN INVERT MARRIED NORTH NORTH MOUNT IN THE RUKAL OR COUNTY III. CHIERS OR NOUNTY III. CHIER SIGNIFICATION ON THE RUKAL OR COUNTY III. CHIERS OR NOUNTY III. CHIERS OR

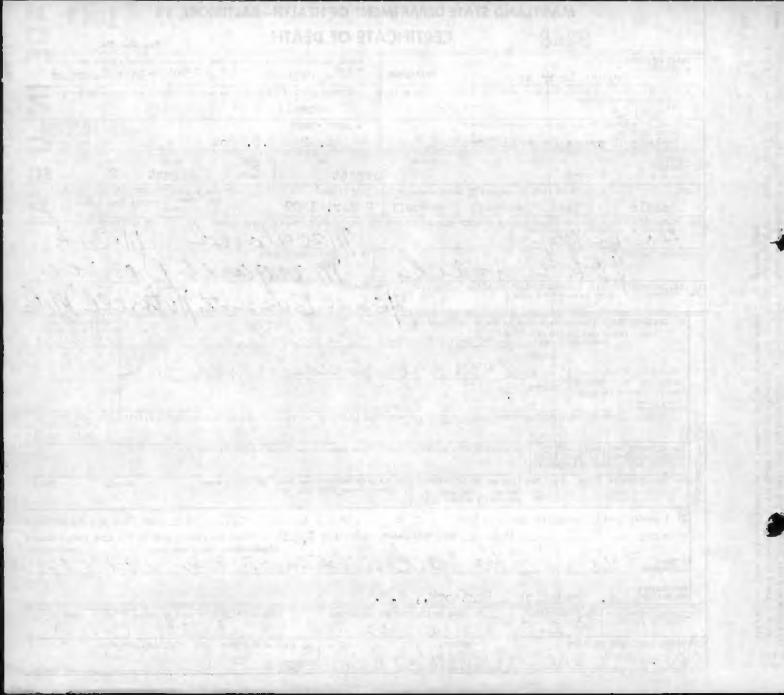
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9368 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges
	b. CITY OR TOWN (If autside corparale limits, write RURAL and give nearest town) Cheverly 23 day	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Nutwell
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince Georges General Hospital	d. STREET ADDRESS Rt. 2 P.O. Box e. 15 RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Laura B	lost 4. DATE Month Day Year Arnett DEATH August 29 19 58
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. 2 Mar. 1909 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, eyen if fetired) Here was a superior of the control	STRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME COUNTY Hall	margaret Dower
	. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 170 os. no. or unknown) (If yes, give wor or dates of service)	mes Barrett Nutwell Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate cause (a), stoling the under-	Breast & metardosia
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO STATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 204. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
	21. I certify that I attended the deceased from 8-6 alive an 8-89, and that death ACTUAL FURGINATURE FURGINATURE FURGINATURE	accurred at 5.50A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 1835 Eye 572 N.W. Wysky 8-29-5
1	PHYSICIAN'S NAME (Type) Dr. Frederick B Hartsock, M.D.	
27	D. BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify) 2-58 DATE THEREOF	CREMATORY 22d LOCATIONY(City, town, or county) (Stole)
23	RUMERAL DIRECTOR'S SIGNATURE ADDRESS A	DATE D 9 758 Criting S. Frank



VS A15 (4) 15M 10/57

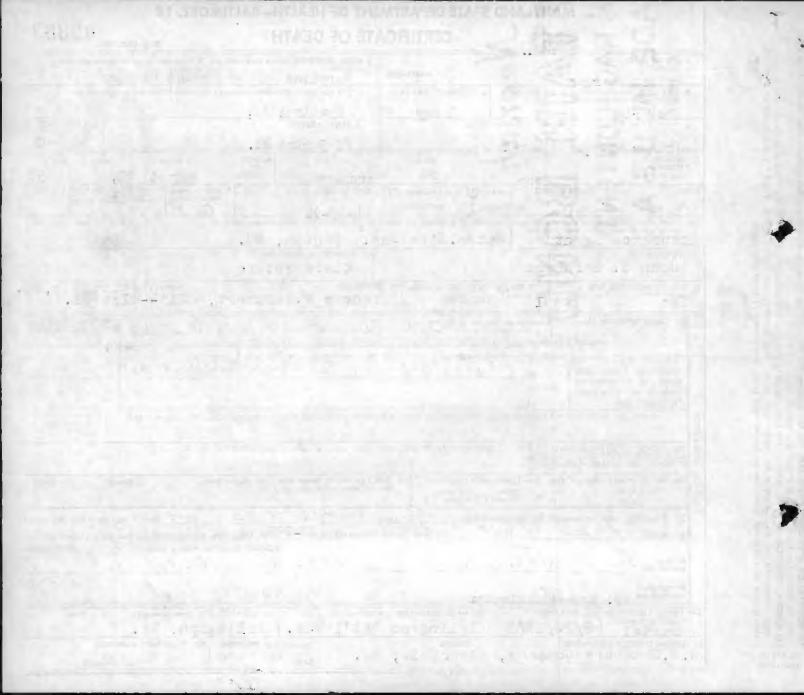
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9369 **CERTIFICATE OF DEATH**

Dist. No. U9353

2000				Mode and the	**
1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institu	TY /	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	Maryland c. CITY OR TOWN (IF o	utside corporote limits, write		
Cheverly	1 Day	15 Hvattsvi	lle.		
d. NAME OF HOSPITAL [If not in haspital, give street od OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince Georges G neral		1/ 62k3 likst	Pl.		YES NO IX
3. NAME OF DECEASED (Type or print) John	Middle	Barnhart.	OF.	onth D	Yeor 19 58
	DE NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	S IF UNDER I YEA	R IF UNDER 24 HRS.
WIROWED		1 70 0	lost birthdoy	. Montens Palas	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KI		13-91 STOV 11 DIOTHOLOGIS (SAME)	UL .		OF WELLY COUNTY
CUITOG MOST OF WORKING life even it retired	tro.Life In			3377	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		, , , ,	
John S. Barnhart		Clara Pe	ters		
Man an an unhanted the track of the same of		rances F.Ba	rnhart, 62	dresHyatts	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoling the under- lying couse lost. (c)	nteno se	lester &	east des	eon	
Part II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJI White of work [Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County	(Stote)
21. I certify that I attended the deceased alive an	elier	accurred at 10-20	PM, from the causes DORESS (Street, city or town Livery Cley For the livery	and an the do	are stated above DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 8/26/1958	22c. NAME OF CEMETERY O	R CREMATORY Nat'l Gem.	22d. LOCATION (City, town Arlington		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATU	io£
	DA 3 9		HC O C IFO	arilyan & M	



and the second s

		9429		CERTIF	ICA	TE OF DEATH	+		Reg. Dist. I	() 9	354
1.	PLACE OF DEATH	nce Georg	es	MARYL	UND	2. USUAL RESIDENCE (WI	nere decegae d	d lived. If institution b. COUNTY	on: Residence b	efore odmi Geor	sion)
		ille, Md.		c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF & Belt		e, Md.	URAL and give	nearest for	m)
	OR INSTITUTION	Rest Hom		address)		d. STREET ADDRESS 4530 Powde	r Mil	1 Road,		e. IS RE ON YES	A FARM?
3.	NAME OF DECEASED (Type or print)	Olive		Bendz Middle		Beall	4. DATE OF DEATH	Augus		Day	Year 19 58-
3	sex female	white	WIDOWI			Dec 9, 1868		9. AGE (In years last birthday) 89 yrs.	Months Day		
	Hou	N (Give kind of work ing life, even if retired ISEW11E	dane 10b.	KIND OF BUSINESS OR OWN home	INDUS	TRY 11. BIRTHPLACE (Stole Washingto	_		U S		T COUNTRY
)		ldmer Ben				14. MOTHER'S MAIDEN N					
15	. WAS DECEASED EVER	IN U. S. ARMED FOR If yet, give wor or dotes of a NO	CES? 16. ervice)	social security no.	-	nuel Beall	Be	ltsville			
Z	Canditians, if an gave rise Ia in cause (a), stating t lying cause lost.	he under	G	CALLE LA CONTRIBUTING TO DEAT	BUT	NOT RELATED TO THE TERMI	A (Y)	E CONDITION GIV	EN IN PART I IO	1.5°	LJ2
L CERTIFICATION	20g. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	1	Sitte	17	Enter noture of injury in I				PERF	ORMED?
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	While	NJURY OCCURRED Not while t at work	De. PLA fac	CE OF INJURY (Hame, farm fory, street, affice bldg., etc.	20f. (City	or town)	(Count	γ)	(State)
	21. I certify, the alive an	J. M. Wa	decease 192		eath	occurred of Control Laurel,	NDORESS/IS	n the causes a reel, city or lawn,	that I last nd on the c state)	late støt	
L	G. BURIAL CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR'S	8/6/58	F	St John's			Belt		Md.	(Sta	re)
	Francis (Fasch's Son)	Hyalto	> _	Mc DATE	UG 6	158 QU	Mean	ch	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FUNER o

within

certificate

c

PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION,

REMOVAL (Spesify)

MT. RANGER, MARY

22b DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR DATEUG

24b. REGISTRAR'S SIGNATURE Civilian & Thous

(Stote)

DATE/SIGNED

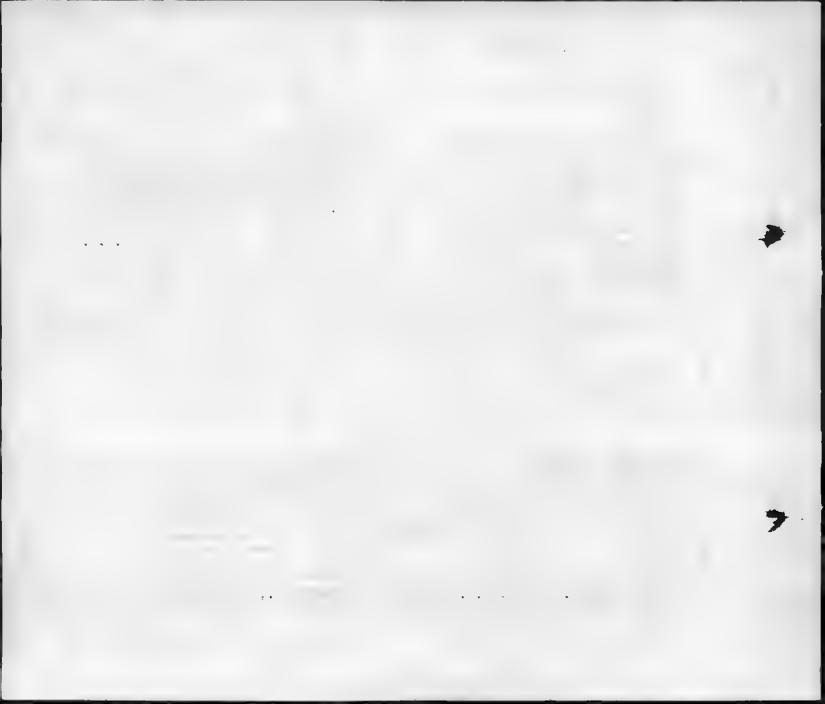
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n.	Dist	Ne					

		93'	72		CERTIFIC	ATE	OF DEA	ATH				Reg. Dis			
	PLACE OF DEATH					II 0	UAL RESIDENCE	E (Where	deceased	lived. If in b. COI		n Residenc	e bela	re odmis	ionj
	Prince G	eorge			MARYLAND		Marylar	nd		B. CO	P	rince	Ge	orge	
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LEN	GTH OF STAY IN 16	¢.	CITY OF TOWN		de carpon	ate limits, w					
П	Laurel	orest town)				14/	Laurel								
		AL (If not in haspital, g	ive street	oddressj		, d	STREET ADDRES	\$5						e. IS RES	IDENCE
		General H				1	206 Mai	in St	treet	,					FARM?
3.	NAME OF	Fir			Middle		last		DATE		Manth		Do	v	Year
	DECEASED (Type or print)	Ralph			E		Benton		OF DEATH				17		19 58
S.	SEX	6. COLOR OR RACE	7. MAR	RIED T	NEVER MARRIED	B DAT	E OF BIRTH			9. AGE (In)		FUNDER			
Ш	Male	White	WIDOW		DIVORCED [Se	pt. 5. 1	1898		lost birtho	Jay) yrs	Months	Days	Hours	Min
100	. USUAL OCCUPATIO	N (Give kind al wark	lanel 10b		F BUSINESS OR INC		F		areign cor			[12. CITI	ZEN O	F WHAT	COUNTR
	onting most of work	ing life, even it retired	J i_		racks		Texas		_			1	.s.		
13.	Blacksmi FATHER'S NAME	In	110	ace .	LIACKS	14	MOTHER'S MAID		F			1 0	· O 4	A.e	
		4					//	/.		4					
16	Arnie Ben	TOTI	CEC2 116	COCIAL	SECURITY NO. 17.	INFORM	UN	uci	na	24-7-	Addre				
(Y1	H. PO. OF UNKNOWN]	If yes, give wor or dates of s	HYICO)	. SOCIAL	SECORITI NO. 17.						Abore	33			
	Mar 1	WW /		94	-22-808	7	Hospita]	L Rec	cords						
		TH [Enter anly one co	use per l	ine for (a), (b), and (c).]	1)		(in	017			INTE	ERVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		611	eer		16-22	27	10	7)			3	- 47	LL
	163X	DUE TO	-			6 2		./						1	
	Canditions, if an		L												
	gave rise to in couse (o), stoling t														
	lying cause last.	(c													
18	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIB	UTING TO DEATH B	UT NOT R	ELATED TO THE T	ERMINAL	DISEASE	CONDITIO	N GIVE	N IN PART	1(a) 1	9 WAS	AUTOPSY
CATION															RMED?
Ē	20g ACCIDENT WA	S UNDERLYING	20b. DES	SCRIBE HO	OW INJURY OCCUR	RED. (Ente	r nature al injer	y in Part	1 or Port	II al item 18	1.)				
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH						_							
1	20c TIME OF INJURY		ar [20d]	INITIDY C	CCURRED 20e	PLACE OF	INJURY (Home,	lorm 2	20f. (City o	ne terres		10	and the l		ISA-1-1
MEDICA	Hour e.m.	, 19	While	No	nt while		reel, affice bldg.		tor. (Ciry i	or iown)		(C	aunly)		(Stale)
¥	p. m.	-/	at wa	rk 🔲 at	work		11500								
	21. I certify the	oftended the	decea	sed from	n. 1/2-		19_\$X, to,		8/17	<u>//58, 19</u>		thot I is	ost so	w the	deceosi
	alive on_S	1	, 12_	1-5	, and that dea	th accu	rred at	AA	A, fram	the caus	es ar	d on th	e da	te stot	ed abov
	V	11.11	١.	, ,						eet, city ar t					ATE SIGN
	SIGNATURE	-1:11.1:1.	1/1	116	27	M.D.									
		100100	,0												
	PHYSICIAN'S J	ohn M. War	ren,	M.D.	, 305 Pr	ince	George	St.,	, Lau	rel, l	lar	yland			
220	BURIAL, CREMATION	N. 225 DATE THEREO	F	22c. N	AME OF CEMETERY	OR CREM	ATORY-	270	LOCATI	ON (City, to	yn, gr	(ounty)		/ (Stat	el .
	PEMOVAL (Specify)	1/1, 11 31	10	15	It The		6-		20			Me	1	10.01	~,
23.	FUNERAL DIRECTOR'S	SIGNATURE	, /-/-	AC AC	DDRESS /	- Jan	240	REC'D BY	r REGISTR	AR 24b	REGIST	RAR'S SIG	NATUK	RE	
4	de 111.11	alla.	0/		Lan	1	La V						10		
		lug 20	0/19	55	It Ma	OR CREM	Z 340.	REC'D BY	REGISTR	CCCEP RAR 24b.	REGIST	RAR'S SIG	10		•)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital an attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and mpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbod popers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72-thoug after death. nan and peter pilled in by the funeral director, carbody opers. Pages I and 2 should be filed with offer death.



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
TOR STATE	9373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09359
HALTH DEPT	Reg. Dist. No.
00 - 22	1. PLACE OF DEATH 0. COUNTY 0. STATE 0.
E se la	MARTIAND / allieur martiand
	b. CITY OR TOWN (If outside corporate limits, wile PURAL c. VENGTH OF STAY IN The c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
of of of o	Cheverty Red on may & cuttered,
io direction of the second of	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 3 1 0 NA FARM?
a page	Trunch Courses many Hogh / 43/1-1 Quantos Wing ON A FAMO
e din	3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year
or or or	(Type or print) four Themas of Thema
25	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (IN 1905) TIRUNDER 1YEAR F UNDER 24 HRS
1 S 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	male while WIDOWED DIVORCED Of Charle 21,1911 Ling Months Days Hours Min.
F 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10g USUAL OCCUPATION (G ve kind of werk done) 10b K.ND OF BUS.NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
N. J.	dering most of working life, even if retired)
	13. FATHER'S NAME
2 8 8 8 5 A	2/_ /
d d d d d d d d d d d d d d d d d d d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANY
\$ (5 £ 12 £	(You, no, or unknown) If you, give wol or dofas of sources
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W Unknown Rame For 12 12 13 nman # 2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c),] ONSET AND DEATH ONSET AND DEATH
Se de la companya de	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) acute Congs story
in i	4.0 DUE TO
S S S S S S S S S S S S S S S S S S S	Conditions, if any, which (b)
7.10	gove rise to immediate cause ((a), stating the underlying (DUE TO
i u o d	couse fost. (c)
of of o	FART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY
Sen de la company de la compan	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT. ON G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 200 EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II CAUSE OF DEATH.
	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)
A Price	PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. LE L
P P P P	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 120f (Cyly or Jown) (County) (State)
1000	Hour o. m. 719 S While Not while of foctory, street, office bldg , etc.)
the spiral	2) I deside that I to O charge of the course desided at the field.
io de	opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
N P P P P P P P P P P P P P P P P P P P	ACTUAL DATE SIGNED
1000	SIGNATURE TENTON OF THE MEDICAL EXAMINER (
A P	EXAMINER'S ASSISTANT MEDICAL EXAMINER D
de de de	NAME (Type) AM CS L DEPUTY MEDICAL EXAMINER D
5 4 2 4	220. BUR.AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 7 [22d LOGATION (City. Jown, or county) (Stote)
200	Burial 8-11-38 Washington Path, Suittand Mandard
S A15ME	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, SEC'D BY PAGISTRAN'S SIGNATURE
5M 2157	W.W. Chambrole Anc. 517-11= Ad. d. E. Hall I a 10 Utethur S. Trung



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9366 **CERTIFICATE OF DEATH** Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution residence before official) a. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write RUPAL and give nearest town)

ARLYNA () WK ENGTH OF STAY IN 16 c CITY OR TOWN UP outside carporaja limits, write RURAL and give nearest townly rare d. NAME OF HOSPITAL (If not in hospital, giverstreet address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF Middle Lost Day Year **DECEASED** OF ICLOTIE (Type or print) 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE A IF UNDER 1 YEAR IF UNDER 24 HRS years Jiday) Manths Days Hours DIVORCED T WIDOWED | yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY: 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes/no or unknown) 1 (If yes, give warder dates of service) IZ INFORMANI CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) dat. DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Haur a. m. factory, street, affice bldg., etc.) While Not while p. m. at wark at work 21. I certify that I attended the deceased from 19 5θ that I last saw the deceased alive on and that death occurred at a M, from the causes and on the date stated above. ACTUAL P PHYSICIAN'S NAME (Type) 220. SURTAL, CREMATION, SEMOVAL (Specify) 226. DATE THEREOF NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, ar county) (State) FUNERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 athur S. Thous



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TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of Completely filled in by the funeral director, page 3 shauld be detactor, for use as the burial-transit permit. Then please remaye carbon pages? Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.
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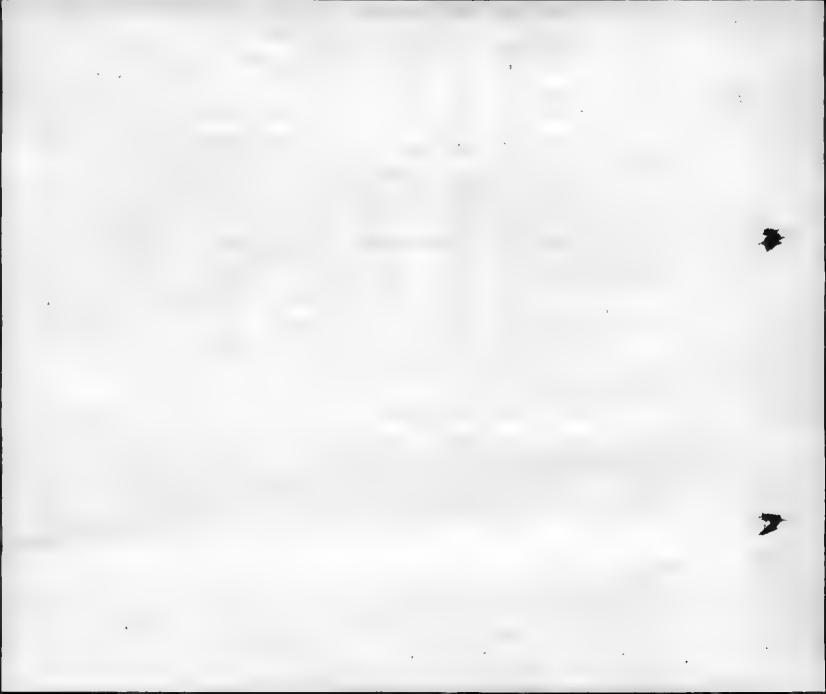
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1	0	4	4	8	
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	9304	CERTITIC	AIL OI DEAIII	R	leg. Dist. No.
	1. PLACE OF DEATH 0. COUNTY Prince George	S MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	b. COUNTY P	Residence before admission) rince Georges
	b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) College Park, Md	c. LENGTH OF STAY IN 1b		ide corporate limits, write RUR/	AL and give nearest town)
״	d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION 9534 Rhode Island Av	treet oddress)	d. STREET ADDRESS	e Island Ave	e. IS RES.DENCE ON A FARM?
	3 NAME OF First				
	(Type or print) MURRAY		NHAM 4		7, 1958- 19
	5. SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS
	***************************************	DOWED DIVORCED	Aug 23, 1903	O4 yrs.	Aonths Days Hours Min
	10a. USLAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	¢arpenter Superintende	nt Constructi	on Pennsyl	vania	USA
انس	73. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		· · · · · · · · · · · · · · · · · · ·
	Elias Bonham		Emma White	enight	
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [(If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	no	Gi	ertrude Bonham	n College Par	rk, Maryland.
	18. CAUSE OF DEATH [Enter only one couse p	per line for (o), (b), and (c).	" Atasiantic	/ .	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	arcinoma of	lung and	trachea	ONSET AND DEATH
	1620 DUE TO	11			
	Conditions, if ony, which) (b)	Montous	of carotin	s artery	
	gove rise to immediate Couse (o), stating the under-		U	-	
	lying couse lost. (c)			ν	
	PART II OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	5				YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in Port	I or Port II of item 18)	
			ACE OF INJURY (Home, form, inclory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	2 p. m. 19 of	/hile Not while 10	and		
	21. I certify that I attended the dec	ceased from 1-13	, 1958, to 8-	7 1958 1	hat I last saw the decease
	alive an	12.57 , and that deat	occurred at 6.00 A.	M, from the causes and	on the date stated above
	1.1 /2.1	0,0		DRESS (Street, city or town, stot	
	ACTUAL E 114 ATC	Ela Germ	M.D. 43	14- 5ALLA	TIN ST.
	PHYSICIAN'S TILL BERG	SEMANN	HY	ATTSVILLE	MD,
	200. BURIAL, CREMATION, 225. DATE THEREOF REMOVAL (Specify) 8/9/58	Fort Lincol		d location (city, town, or color Manor,	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADORESS	24g. REC'D 8		AR'S SIGNATURE
	F. Gasch's Sons Hya	ttsville Md.	DATE AU	1 3	Locush



		MAKILAND	SIAIE DEPART	AIEIAI OL HEALIL	-DALIIMUR	(E, 10	0936	1
		9376	CERTIFIC	ATE OF DEATH	1	Reg. Dis		./5.,
	1. PLACE OF DEATH O COUNTY Prince	George	MÄRYLANC	2. USUAL RESIDENCE (WHO STATE	1/ b. cg	institution: Resident	//	
	b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write	c. LENGTH OF STAY IN 18				give negrest fown)	-
>		TAL (If not in hospital, give street		d. STREET ADDRESS		Manuel a	e. IS RESIDENCE	?
		l General Hospi				3 N-3	YES NO	×
	3. NAME OF DECEASED (Type or print)	Walter	Middle H	Bouis	4. DATE OF DEATH	August	17 19 58	3
	s. sex Male	6. COLOR OR RACE 7. MAR			9. AGE (In lost but)	hdoy) Months	1 YEAR IF UNDER 24 H Days Hours Min	
		ON (Give kind of work done 10b		Sept.10, 187	7 17	yrs	IZEN OF WHAT COUN	170
	during most of wor	king life, even if returnd)	15 Mary 4	and Maryla	nd		S.A.	IIR
	13. PÄTHER'S NAME	D .	11	14 MOTHER'S MAIDEN N				
	Steven		r	Achsah	White			
	IS. WAS DECEASED EVE	R IN U. S ARMED FORCES? 16		INFORMANT Hospital Recor	ds	Address		
į		ATH [Enter only one couse per I ATH WAS CAUSED BY: AI IMMEDIATE CAUSE (o) AI	•	yocardial infa	rction		INTERVAL BETWEEN	4
	Conditions, if a	ny, which	eneral Arterio	-Sclerosis				
	couse (o), stating lying couse lost.							
	PART II OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART	1 (o) 19. WAS AUTOP: PERFORMED? YES NO	ŧ
	200 ACCIDENT WA	AS UNDERLYING (1) 206. DES	SCRIBE HOW INJURY OCCUR	RED (Enter noture of injury in I	Port 1 or Part II of item	18)		
	Y 20c. TIME OF INJUS Hour e. m. p. m.	While		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		(C	County) (Slo	ite)
	21. I certify th	at I aftended the decea	sed from ?/1-3/	54 , 19 , to 8	/17/581	9,that	last saw the deced	256
	alive an	12/	and that dea	th accurred at 6:30	A.M. fram the cau		ne date stated ab	
,	ACTUAL	5 1/2 16	11.11.					
	PHYSICIAN'S NAME (Type) B	ryan P. Warren,	M.D. 305 Pr	ince Georg e S	t., Laurel.	Marylan	d	
	220 BURIAL, CREMATIC REMOVAL (Specify)	DN, 225 DATE THEREOF	22c NAME OF CEMETERY		22d. LOCATION (City.		[Stole]	
	23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS			REGISTRAR'S SIG		
	Ne WIT	[Vanaldo	in Lains	ed My DATE A	UG 2 2 '58	Orthun S.	. Thates	



after deoth.

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death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Reg. Dist. No. director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b. COUNTY Prince Georg filed H death. funeral b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) should neverla d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? MALC YES 🔲 NO 🗵 4. DATE OF DEATH NAME OF Month Year Day DECEASED 1950 (Type or print) 9. AGE (In years lost birthday) 5. SEX IF UNDER I YEAR IF UNDER 24 HRS. MARRIED IN NEVER MARRIED Months WIDOWED [7] 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Lous Meate 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ERTRUDE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 2800 Juebec DOROTHY 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) **DUE TO** Canditrans, if any, which gove rise to immediate DUE TO couse (o), stoting the under-Alcaholism lying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) MEDICAL 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or fawn) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. Not while at work at work 21. I certify that I attended the deceased from Feb. . 1958, 10 AUG 9 ___, and that death occurred at 10100 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) LAUBACH TO FUNER 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAPS SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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THE HESTITAL OR ATTEMENT HEY LICIAN: The law requires that the death certificate Lie exerulad within 21 hours after Lieath. Lage I may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbonards, Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remarkal, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9377 CERTIFICATE OF DEATH

eg. Dist. No. (19365)

Prince Georges MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Prince Georges
B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVER CALE DOA	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Md.
d NAME OF HOSPITAL (If not in hospital, give street oddress) Leland Hemorial Hospital	/ d STREET ADDRESS 4708 Indian Lane 6. IS RESIDENCE ON A FARM' YES NO X
3 NAME OF DECEASED (Type or print) FRANK WILLARD	BOYLE 4. DATE Month Doy Year DEATH August 24th, 19 58
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH Nov.5th, 1883 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min Min
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if reliced) Marine Engineer Retired U.S.Gov!1	IN BIRTHPLACE (Stole or foreign country) Maine 12 CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Willard Boyle	14 MOTHER'S MAIDEN NAME Emma Crosby
	Morros Addres College Park, Mo Amelia C. Boyle, 4708 Indian Lane,
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost. DUE TO DUE TO (b) DUE TO	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	YES NO (Enter nature of injury in Part t or Part II af item 18)
Zoc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Nat while of work	LACE OF INJURY Home, form, 20f (City or town) (County) (Stote) street, office bldg., etc.)
21. I certify that I attended the deceased from alive an 19-5, and that death ACTUAL SIGNATURE LEGAL HOUSE PHYSICIAN'S Leonard Hays	h accurred at 3 P. M. from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED Byattsville, Md.
270 BURIAL GREATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	In Cemetery Colmar Manor, Pr. Geo. Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W.Chambers Company, Riverdale,	240. REC'D, RY REGISTRAR 246 REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS



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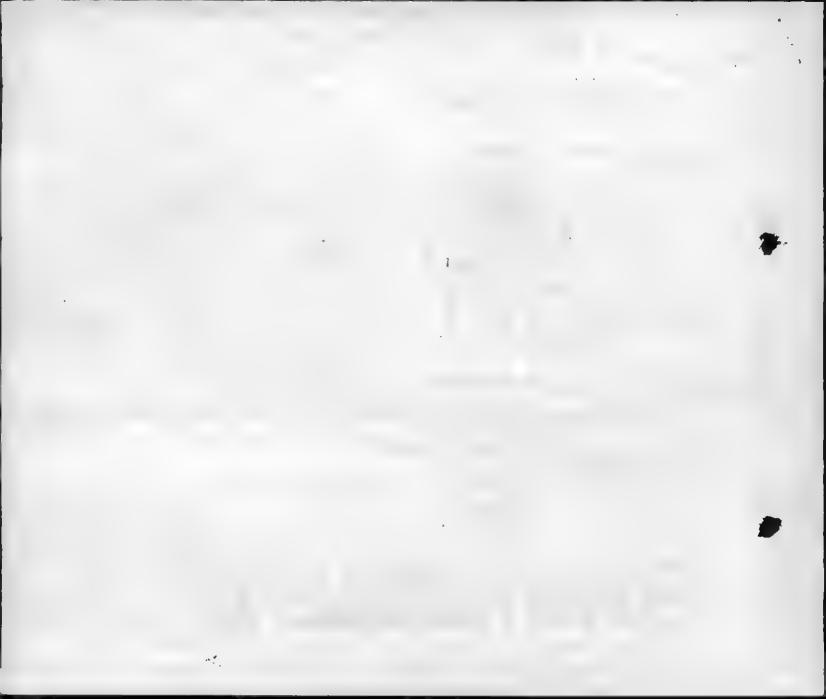
CENTIFICATE OF DEATH

1		9431 CERTIFIC	ALE OF DEATH	Reg. Dist.	No.
)		COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Mary/and	b. COUNTY Prince	0
	l t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 40 years	c. CITY OR TOWN (If outside corp.		e nearest towh
1	· ·	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Box#8 Branch	Avenue	e. IS RESIDENCE ON A FARM? YES NO
		AME OF ECEASED Harry Fenton - Middle B	RADLEYS LOSATE	-3A	6 1958
	5. S	Male White Widowed Divorced	November 18, 1884	I a character to the second	YEAR IF UNDER 24 HRS days Hours Min.
)	10a	USUAL OCCUPATION (Give kind of work done during most of working life every if refired) Real Estate Real Estat			S. of A.
	13.	Henry BRADLEY	14. MOTHER'S MAIDEN NAME	E. SHE	RMAN
	15 Yes	NAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mys. Mary E. Bra	dley a Clint	ion, Md.
		18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Utiple	Myeloma		INTERVAL BETWEEN ONSEL AND DEATH
		Conditions, if any, which gave rise to immediate (b)	2, Secondar	y to above	2 Years
		cosse (a), stating the under lying couse last.			
5	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO P
		206 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 or Po	rt II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (Cit actory, street, office bldg., etc.)	y or lawn) (Co	unty) (State)
		21. I certify that I attended the deceased from December alive on August 6, 1958, and that deat		6, 19.58, that I la	st saw the deceased
		ACTUAL Water # 20. Libson	M.D. 2412 Mi	Street, city or town, state)	DATE SIGNED ENUE S.E.
		PHYSICIAN'S Walcutt W. G/BSON,	M.D. Washing	ton 20 j.	D.C.
	E	Milliant 8-8-53 Washington	or crematory 22d loca	ATION (City town, or county)	augland
	23.	William Cerro Signature Co. Washington	De 240. REC'D BY REGIS	TRAR- (246, REGISTRAR'S SIGN	IATURE PARTIES

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 completely filled in by the funeral director, apers. Pages 1 and 2 shauld be filed with may be retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician at page 3 shauld be detact or use as the burial-transit permit. Then please remove cortainer egistrar prior to burity, cremation, or removal, and in any event within 72 hours after. 禍

VS A1S (4) 15M 9/S5



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	3432 CER	TIFICATE OF DEA	ип	Reg. Dist. No.		
	201 80	ARYLAND O. STATE Mar;		Prince George		
b CITY OR TOWN (f outside corp		U U	If outside corporate limits, write I Marlboro	RURAL and give nearest tawn)		
d NAME OF HOSPITAL (If not in I OR INSTITUTION	hospitol, give street oddress)	d'STREET ADDRE	SS	e. IS RESIDENCE ON A FARM? YES NO		
	harles W	Brown	4. DATE MOI OF DEATH August	. 13 19 58		
Maie Mul	MIDOMED [] DIVO	RCED Ct, 18.	1873 lost birthdoy?	Months Doys Hours Min.		
10a. USUAL OCCUPATION [Give kind during most of working life, even Retired	of work done 10b. KIND OF BUSINES	70.00		U.S.A.		
13. FATHER'S NAME	_	14. MOTHER'S MAID	EN NAME			
Benjamin F,	Brown	Car	oline. V. Walt	ters		
15 WAS DECEASED EVER IN U. S AR (Yes, no or unknown) (1) yes, give wor	MED FORCES? 16. SOCIAL SECURITY No dates of service)	Lawrence,		272. Route #2		
Conditions, if ony, which gove rise to immediate couse (a), staling the under lying cause lost. PART II OTHER SIGNIFIC	DUE TO (b) DUE TO (c)	hypema tivo Hea	vo Failu			
PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\text{D} \)						
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH	Y OCCURRED (Enter noture of injur	y in Port 1 or Port II af item 1B.			
20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, foctory, street, office bldg.	form, 20f (City or town)	(County) (State)		
21. I certify that I attend alive on actual SIGNATURE James PHYSICIAN'S NAME (Type)	13 - 4-0-1	m 1, 1958, to hat death occurred at 1.	1. 5 //	E, that I last saw the decease and on the date stated above stole) DATE SIGNE MIL - 8-13-52 VILLEND MA		
220 BURIAL CREMATION, 226. DAT BURIAL AUG	4 2 4 4 4 4 4 12 1	EMETERY OR CREMATORY	Upper, Harl	boro Ma.		
J. Wm.Lees. O	-	th st N.E. DATE	AUD 4 a	STRAR'S SIGNATURE		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 17, Film G-233 9/22/58.cac. CERTIFICATE OF DEATH

000	Ö				R	eg. Dist. No.	************	,,,,,
1. PLACE OF DEATH	3			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED		
COUNTY PRINCE G	DO RGES	ENERAL HO	d)	STATE MARYL	AND COUNTY	PRINCE GI		3
CITY (It outside corporate limit OR and give nearest town)	ts, write RURAL	LENGTH OF S	YAT	CITY (It outside con	porate limits, write RURAL a	nd give nearest town)	
TOWN CHEVERLY M	ARYT. AND	,	"	X TOWN NORTH	H FORESTVIII	E_MARYT.ANI	D.	
HOSPITAL OR	NI-GIPAGO .			STREET		va location)		
INSTITUTION OR STREET ADDRESS	n anabara an	NUMBER HOS	etmar.	ADDRESS	NUMBER OF STREET	ATT CRESCO NO. 17	Do pardi	1131 T T T
3. NAME OF	<u>e georges ge</u>	NERAL HOS	PITAL	(Last)	A. DATE (Mor		Kei kinza	
(Type or Print)	•		*		OF DEATH			
S'	PELLA	Α.		HTT.ER	A	ucust 30+1		
5. SEX 6. COLOR OR	WIDOWED 1	NVOPCED	8. DATE OF	BIRTH	9. AGE last birthday	Months Days	IF UNDER	
FEMALE NHITE	(Specify) W	DOWED	8/11/	1880	78 yrs.	0 19	1.00.0	1
10e, USUAL OCCUPATION (Give kind done during most of working I	110 01 11 0111	OR INDUSTRY		1. BIRTHPLACE (Stele or for	eign country)	12. CITIZ	EN OF WHA	AT
retired) HOUSEWIFE	HO	ME-MAKER		EAST BROOK A		II.S.	A.	
13, FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
CHARLES H	A RITT SON			TDA H	ARDESON			
S. WAS DECEASED EVER IN U.S.		16. SOCIAL SECURI	TY NO.	17. INFORMANT &				
(Yas, no, or unk.) (If Yes, give w	er or detes of service)		STATE OF THE PARTY NAMED IN	Wad ban	306-ATALYER G	KEEN "VA EM	JE, N. I	ORE
	·	10 MEDI	CAL CERS	TIFICATION Char	BK LTITIME (D)	AU CHI I LERI		注射
1 DISEASES OR CONDITIONS DIRE	ECTLY LEADING TO DEATH	H /2 //	// O.K.	rification Char	105,	ON	SET AND D	EATH
L' IMMEDIATE CAUSE	(A)	Cerib	ex(XXecunt	where.	1/2	r to	15
ANTECEDENT CAUSE	2112 20 1	1 11 -		NI	1 16	- 10		
DISEASES OR CONDITIONS, IF A	NY. (B) Y'/Y	eff coler	ewe	Mean	1 wese	ex		
GIVING RISE TO THE ABOVE CASTATING UNDERLYING CAUSE L	AST. DUE TO	11		,				
11 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING							
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN				•				
190. DATE OF OPERATION	196. MAJOR FINDING	S OF OPERATION				2	O. AUTOPS	Y? /
			4 N	" 3,		YES	NO NO	
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. PLACE (Ho ATH OF INJURY street	me, ferm, fectory, , affice bldg., etc.)	3 21	c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Steta	}
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21	e. INJURY OCCURR		IF, HOW DID INJURY OCC	UR ?			
		hile Nol wi						
22. I hereby certify tha		10	Rist 2	9 10.58 in the	Rest 30 10 58	, that I last sa	w the de	rancad
				12-00 My from the				-60300
alive on signature	Y, 1757.9/	ig/ mar deam oc	curred at.		causes and on the correct city, low		re.	
Deuf au	. 5 /	eau.						
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF CEA		711-MASON ST	REET. DI STRIC!	n, or county)	MD.8/	30/
REMOVAL (SPECIPY) BURLAL	8/31/1958	EAST E	BROOK, N	MAINE	EAST BROO	K, MAINE		
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATUL	RE		25. FUNERAL DIRECTOR		n.D.C. ADDRESS	S	
DATE SEP 2 158	arthur S. Frau	A		MARTIN W. H	YSONG CO. 130	JO N CHIETRY	THE 18	7
DATE SEP 2					TOTAL OUR TOX	O NO DIKE	LL off o h	



VS A15 (4) 15M 10/57 K

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9433 CERTIFICATE OF DEATH

Reg. Dist. No. 09369

1. PLACE OF DEATH PILICE Geo. MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE Md. b. COUNTY Prince Geo.
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) A Temple Hills
d. NAME OF HOSPITAL (If no) in hospital, give street address) OF INSTITUTION 5215 Fisher Rd.	/ d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) DAVID First Middle	BUTZ 4. DATE Month Doy Yeor DEATH Aug. 16 1958
5. SEX Male 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 8 July 1871 9. AGE (In years lift UNDER ? YEAR IF UNDER 24 HRS. Manths Days Hours Min
100. USUAL OCCUPATION (Give kind of work done during most of working life even of retired)	Penn. 12 CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Butz	Susan Hazen
(Yes the entering the second terms)	NFORMANT Address
NO None J	ulia A. Butz 5215 Fisher Rd. S. E.
PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) White Part II. DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) White Part III. DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) White Part III. DEATH WAS CAUSED BY MAMEDIATE CAUSE (b) White Part III. DEATH WAS CAUSED BY MAMEDIATE CAUSE (c) White Part III. DEATH WAS CAUSED BY MANUAL WAS CAUSED	onset and death
Conditions, if any, which) (b) Varante Conditions	to Heart Failure In.
gove rise to immediate couse (o), stating the under- lying couse lost. (c)	Darterian Teronis 30 ms
CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. 19 While Not while of work of work of work 1	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
21. I certify that I attended the deceased from 6 //	19.55 to \$/16 , 198 , that I last saw the deceased
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	occurred at 5:15 M, fram the causes and an the date stated above
	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE THAT	10 5241 St. Com al DIVE Shills
	my file of the same of the sam
PHYSICIAN'S JOHN T. LYNN	5241 ST. BARNABAS RD. S.E.
220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOTIAL (Specify 18 A ug 158 Cedar H11	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Lee Funera 1 Home 4 & Mass. Av.	N. E. DATE AUG 1 9 '58 William & Thank



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Hem. 18. Give Pages 1, 2, and 3 to the foneral director. Page 4 should be forwarded 12 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files TO FUNERAL DIRECTOR: 6 3 should be used as a burial-transit permit. File pages. 12 with the State Board of Health, or its designated agent, prior to burial, cremotian, or removal, and in any fevent within 72 hours after death. M

A shauld be farwarded 17

VII A1IIME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9379

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09370 Reg. Dist. No.

		2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY 6
	Ь	CITY OR DOWN (If outside corporate timits, write RURAL and give near term)
}		Charles Jonalin great Drath Ban-ach
7	0	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streel address) d. STREET ADDRESS on A FARM
ŀ		Truck Coorges proced Hoper 5011 record of YES 10 NO 19
	1	NAME OF DECEASED A FIRST Month Day Year S
	5. S	Type or print) EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE 11 year 15 UNDER 24 HRS
_	2	18 No-le to WIDOWED DIVORCED LA (1892 La yes, Manths Days Hours Min.
No.		. USUAL OCCUPATION (Give kind of work done 10' KIND OF BUSINESS OR INDUSTRY 11. BY THEY ACE (State of foreign country) 12 CITIZEN OF WHAT COUNTRY?
J	1	estockbeder celines Virginia 14.5. &
	13.	FAMILIER'S MAIDE STAND COLOR 14 MOTHER'S MAIDE AND COLOR OF THE STANDER OF THE ST
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT
	J¥m.	Clar WW 1 578-48-4125 John Thomas Cook Will State
		18 GAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]
	П	PART I. DEATH WAS CAUSED BY: Doute Congos time hant touler?
		L. DUETO O 14
	1	Conditions, if any, which the Conditions of the
		gave rise to immediate couse (a), storing the underlying OUE TO
	3	gave rise to immediate couse (a), storing the underlying (b) (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY
1	CATION	gave rise to immediate couse (a), storing the underlying couse lost. (c)
1	RTHEATION	gave rise to immediate couse (a), storing the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NOTE: NOTE: NOTE: NOTE: 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of Hem 18)
*	CERTIFICA	gave rise to immediate couse (d), storing the underlying Couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NOT AN AUTOPSY PERFORMED? YES NOT AN AUTOPSY PERFORMED? YES NOT AUTOPSY PERFORMED. YES N
1	CERTIFICA	gave rise to immediate couse (a), storing the underlying Couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of item 18) 200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200 PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not while
1	MEDICAL CERTIFICATION	gave rise to immediate couse (a), storing the underlying Couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRIMARY OF CONTRIBUTING OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF C
*	CERTIFICA	gave rise to immediate couse (a), storing the underlying Couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO CAUSE WAS PRIMARY OF CONTRIBUTING OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work of the part of the
*	CERTIFICA	gave rise to immediate couse (a), storing the underlying Couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NOT NOT PERFORMED? YES NOT
*	CERTIFICA	DUE TO Couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NOT PERFORMED? YES NOT NOT PERFORMED. YES NOT PERFORMED. YES NOT PERFORMED. YES NOT PERFORMED. YES NOT
*	CERTIFICA	DUE TO Couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PERFORMED? YES NO 200. DESCRIBE HOW INJURY OCCURRED LENGTH INTURY II of Item 18) CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year at work at wo
	CERTIFICA	OUE TO Couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? PERFORMED. PERFORME
*	MEDICAL CERTIFICA	Out of the underlying Out to Court lost.
*	MEDICAL CERTIFICA	DUE TO (a), storing the underlying (c). PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? PERFORMED.



9356 **CERTIFICATE OF DEATH** 09371Reg. Dist. No. 3 with director, Poge 1. PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed b: COUNTY MARYLAND death. Prof b. CITY OR TOWN (If outside corporate limits) write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give fearest town) RURAL and give pearest town) Should was d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F puo NAME OF First Middle DATE Day Month Yeor DECEASED (Type or print) DEATH 5 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) DAM OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Min. WIDOWED IT DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRU during most of working life, even if retired) 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MATTEN NAME 500 # certificate 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ᇻ PART I. DEATH WAS CAUSED BY: **DUE TO** þ any Conditions, if ony, which ! permi gned gove rise to immediate DUE TO couse (o), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS removal, PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month Day, 20d. INJURY OCCURRED Year 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) U.56 Hour o. n. foctory, street, office bldg., etc.] While Not white of work at work p. m. 21. I certify that I attended the deceased from ithat I last saw the deceased , and that death accurred at M, from the causes and an the date stated above 200 ADDRESS (Street, city or flown, stote) DATE/SIGNED ACTUAL SIGNATURE pria shauld PHYSICIAN'S NAME (Type) ACCAR 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) a e 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. RÉC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 AUG

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1 - 18 90 .

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in penal is let it. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to Chief Medical Examiner's Office along with farm PM3. Pine 5 may be retained for your files. TO FUNERAL DIRECTOR 5 3 should be used as a burial-transit permit. File pages 12 with the State Baard of, Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
0.200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	. 7	W	O		1-4

	00V								Reg. Di	st No.	
LACE OF DEATH	Datas	Gam	1000							_	
CITY OR TOWN			_=				·		140		
and disk bedrest form	0)	i m is, wrete	RURAL		N 1P	_				give neorest	lown)
						La	keland-	-College 1	rark		
NAME OF HOSPIT	TAL OR INSTITU	I) MOIL	not in hos	pital, give street address	i)	,	ESS				RESIDENTE
Prince	Georges	Gene	rel	Hospital		4903	Navah	ce Street			
NAME OF DECEASED Type or print)	Henr	First		Middle Themas	Car	Lost	QF			Day	Year 19 58
ξX	6 COLOR O	R RACE	7. MARRI	ED P NEVER MARRIED	m 8 [ATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF UN	
ale	Cel.				_		>	(at physical)		Doys Hour	a Min
uring most of worki	ng life, even il	of work de refired)			NDUSTRY			gn country)	12 (17)2		
FATHER'S NAME					1	4 MOTHER'S MAIL	DEN NAME	The second secon			
Frank	Cerrura	Y					Nellie	Thomas.			
WAS DECEASED EV	ER IN U. S. AP	MED FOR	CES? 16	SOCIAL SECURITY NO	17. INF	DRMANT		Addra	44		
no, or unknown)	Ill yes, give wer e	or deten of se	LAICE)		Ra	iph E. Go	muay:			. Coll	ezė
IR CAUSE OF DEA	TH I Fotor only	056 65104	her line	for (a) (b) and (c) 1					_ "	. T	rk. Md
			per me							ONSET AND	HAIR
0.00				Exhausti	401						
238X		DUE TO									
		(b)		Parapleg	ia						
		DUE TO									
cause lost.	Undariying			Transm of	enti	200					
PART II. OT	HER SIGNIFICAL		JIONS CO			2	TERMINAL DIS	FASE CONDITION G	IVEN IN PART	1(a) 19 W A	C AL TOPCY
							7,000		********	PERI	FORMED?
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Part II of item 18.)											
20c. TIME OF INJU	RY Month,	Day, Year	20d	NJURY OCCURRED 20	e. PLACE	OF INJURY (Home	, form, 120f. (City or town]	Cour	nivì	(State)
Hour o. m.		10		Nat while	foctory	, street, office bldg)., elc.)		,		,,
21. I certify t	hal I faak o	norge	af the s	remains described	apave	, held an Aui	tapsy [Inspection	t Inquiry	1	ind in my
opinion death	resulted fro	am. N	atural o	auses 📆 . Accid	lent 🗌	, Suicide], Homici	de 🔲, Undet	ermined m	anner [
		- 0	11	1						6	
ACTUAL L	alma	1.7	TIE	Homen		CHIEF MEDIC	AL EXAMINER			DATE	SIGNED
	And a land of the		un	my went		ASSISTANT M	LEDICAL EXAM	INER (*)			
EXAMINER:	John T	Ma7	onev	. M.D					et. 30.	1058	
		2			BY OR C					4750	-
			p. 17	AND OF CEMETE	* OK C	EMATORT	220 19	CHION (City, fown	ar county)	/ (51	ole)
119/01	Pepl	301	5 %	Carver				1ardy	ENC		
FUNERAL DIRECTOR	CS SIGNATURE										
	7 0			ADDRESS		240	SEP 5	150	listrar's sigi Intlun S.		
	LACE OF DEATH COUNTY CITY OR TOWN II and gove recreat low Chever NAME OF HOSPIT Prince NAME OF NAME OF NAME OF PECEASED NAME OF NAME OF NAME OF PECEASED NAME OF NAME OF DEA PART f. DEA ON OF UNKnown) NO 18. CAUSE OF DEA PART II. OTI OCAUSE OF DEATH. 200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH. 200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH. 21. I certify to Opinion death ACTUAL SIGNATURE EXAMINERS NAME (Type) BURIAL, CREMATIC REMOVAL (Specify REMO	COUNTY Prince CITY OR TOWN [II collide corporate and give negrets flows] Cheverly NAME OF HOSPITAL OR INSTITUTE Prince Georges NAME OF HOSPITAL OR INSTITUTE IN EACH OF COLOR OR CO	Prince George COUNTY Prince George Cheverly NAME OF HOSPITAL OR INSTITUTION (I Prince Georges General lown) NAME OF HOSPITAL OR INSTITUTION (I Prince Georges General lown) EX 6 COLOR OR RACE Colombia of work do uring most of working life, even il retired) ROTTING GENERAL CAUSE IN U. S. APMED FOR IN. WAS DECEASED EVER IN U. S. APMED FOR IN. No 18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSE by IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COUSE lost. 200. TIME OF INJURY Month, Doy, Yeor Hour o. m., p. m. 21. I certify that I taak charge opinion death resulted fram. N ACTUAL SIGNATURE SIGNATURE PRIMARY SIGNATURE PRIMARY Jehn II. 22b. DATE THEREOF REMOVAL (Specify) SURIAL (REMATION, 22b. DATE THEREOF REMOVAL (Specify) SURIAL (Specify) SURIAL (REMATION, 22b. DATE THEREOF REMOVAL (Specify)	Prince Georges COUNTY Prince Georges CITY OR TOWN [II outside corporate 1 m in, write RURAL and give received fourly Cheverly NAME OF HOSPITAL OR INSTITUTION [I not in hot Prince Georges General NAME OF HOSPITAL OR INSTITUTION [I not in hot Prince Georges General NAME OF HOSPITAL OR INSTITUTION [I not in hot Prince Georges General NAME OF HOSPITAL OR INSTITUTION [I not in hot Prince Georges General NAME OF HOSPITAL OR INSTITUTION [I not in hot Prince Georges General NAME OF HOSPITAL OR INSTITUTION [I not in hot I not I not in hot I not in hot I not I n	LACE OF DEATH COUNTY Prince Georges CITY OR TOWN [It outside corporate I m It, write BURAL or LENGTH OF STAY I D.O.A. CITY OR TOWN [It outside corporate I m It, write BURAL or LENGTH OF STAY I D.O.A. NAME OF HOSPITAL OR INSTITUTION [I not in hospital] NAME OF HOSPITAL OR INSTITUTION [I not in hospital] NAME OF HOSPITAL OR INSTITUTION [I not in hospital] NAME OF HOSPITAL OR INSTITUTION [I not in hospital] NAME OF HOSPITAL OR INSTITUTION [I not in hospital] NAME OF HOSPITAL OR INSTITUTION [I not in hospital] NEX COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED [I NEVER MARRIED DIV	COUNTY Prince Georges MARYLAND COUNTY Prince Georges C. LENGTH OF STAY IN 1b D.O.A. C. LENGTH OF STAY IN 1b D.O.A. NAME OF HOSPITAL OR INSTITUTION (I not in hospital) NAME OF HOSPITAL OR INSTITUTION (I not in hospital) NAME OF HOSPITAL OR INSTITUTION (I not in hospital) NAME OF PRINCE GEORGES GENERAL HOSPITAL Middle Thomas Colle WIDOWED DIVORCED LEUSUAL OCCUPATION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY Uring most of working life, even if refired) Retired FATHER'S NAME Fresk Centray WAS DECASED EVER IN U. S. APMED FORCES? If ye, give wor or doles of serves, and serves, an	Prince Georges MARYLAND C. CITY OR TOWN [It counted corporate I m. m. write Bural on dever recent I form) C. CITY OR TOWN [It counted corporate I m. m. write Bural on dever recent I form) C. CITY OR TOWN [It counted corporate I m. m. write Bural on dever recent I form) C. CITY OR TOWN [It counted corporate I m. m. write Bural on dever secret I form in hospital on the print of the print o	LUCE OF DEATH COUNTY Prince Georges MARYLAND C. CITY OR TOWN III coinide corporate I mit, write BURAL C. CHOSTNO III coinide corporate I mit, write BURAL C. CHOSTNO III coinide corporate I mit, write BURAL C. CHOSTNO III coinide corporate I mit, write BURAL C. CHOSTNO III coinide corporate I mit, write BURAL C. CHOSTNO III coinide corporate I mit, write BURAL C. CHOSTNO III coinide corporate I mit, write BURAL C. CHOSTNO III coinide corporate I mit, write BURAL C. CHOSTNO III coinide corporate I mit, write BURAL C. 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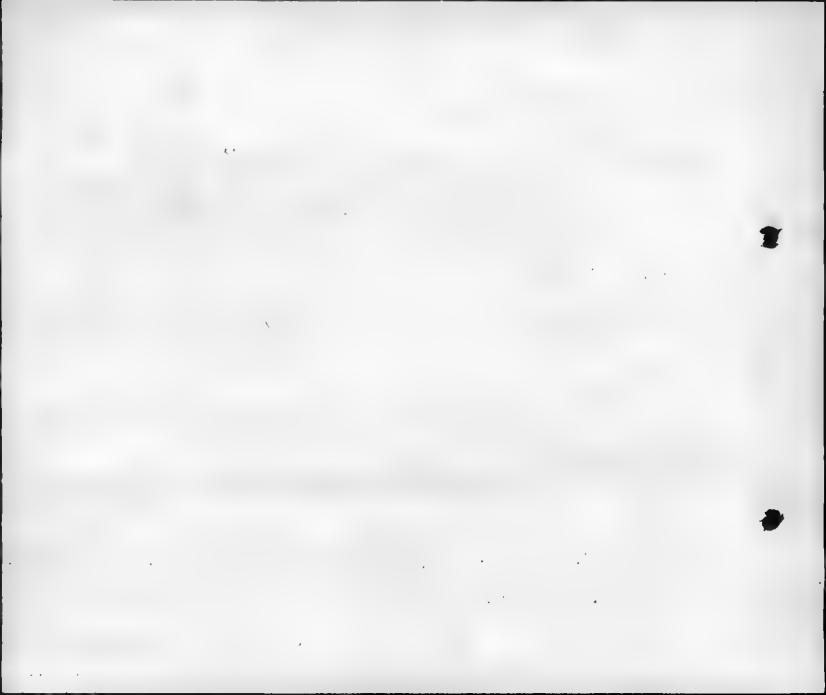
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

09374 Rea, Dist. No

1 PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) or STATE							
Prince Georges MARYLAN	Maryland Prince Gorges /							
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Cheverly 28 Days	Silver Spring							
d NAME OF HOSP TAL (It not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e IS RESIDENCE ON A FAPM?							
Prince Georges General	508 Pershing Dr., YES NO []							
3. NAME OF First Middle DECEASED (Type or print) Firma.	Cornwell 4. DATE Month Day Year DEATH August 29 19 58							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS							
Female White WIDOWED DIVORCED	last birthday) Months Days Hours M.n							
100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN								
during miss of working life, even if retired)	- Wash De USA.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Convy Nollingsford.	anna thomas							
15 WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 1 (Yes no or unknown) (If yes, give war or dates of device)	7. INFORMANT Address							
	Ha, la.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
442X IMMEDIATE CAUSE (0)								
Conditions, if any, which } the Hyperter	CLR Diese The							
gave tise to immediate	and at 1 months							
cause (a), stating the <u>under-</u> lying cause last. (c)								
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
TATK	PERFORMED? YES □ NO □							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20g ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of item 18.)							
	PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)							
Hour o.m. White Not white	factory, street, office bldg., etc.)							
p. m. 19 at work at work								
21. I certify that I attended the deceased from	194, 194, to August 20, 19 58, that I last saw the decease							
alive an line 20, 19 JP, and that de	ath accurred at 3.10PM, from the causes and an the date stated above							
3/7/27: 2-1	ADDRESS (Street, city or town, state) DATE SIGNI							
SIGNATURE William Parami	mo 6124 Central Are 1/20/57							
PHYSICIAN'S NAME (Type) Dr. William Brainin	Capital Hate mad							
220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETER								
Br 28. 82,500 11 121	attendam. In the soi of the site							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE							
Mancist coller 3001-14 A.S.	DATE AUG 2 5 '58 Cultury, S. Track							



FOR STATE HEALTH DEPT he funeral director. Page restained for your files. es State Board of Health, it death. S S 000

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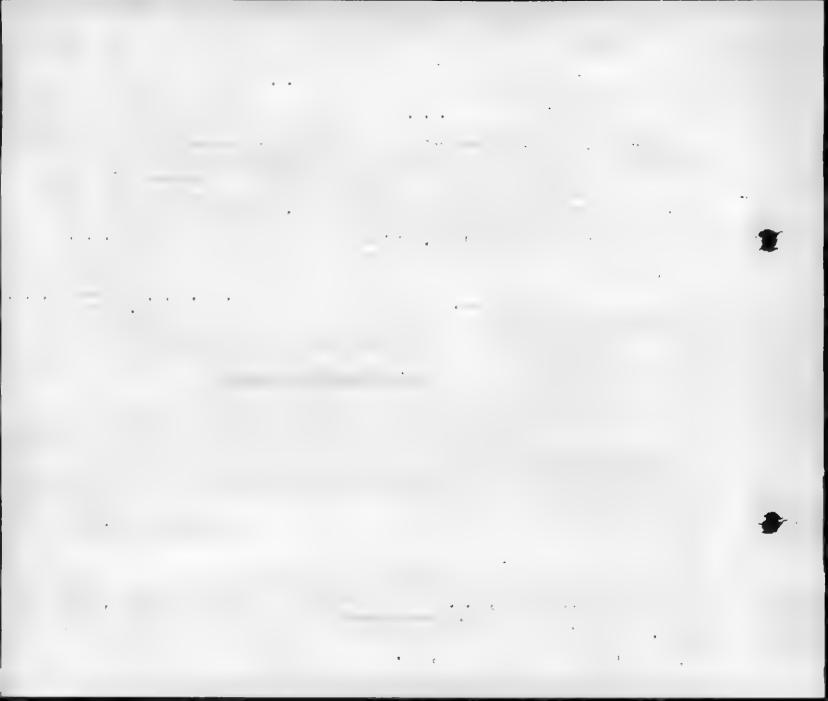
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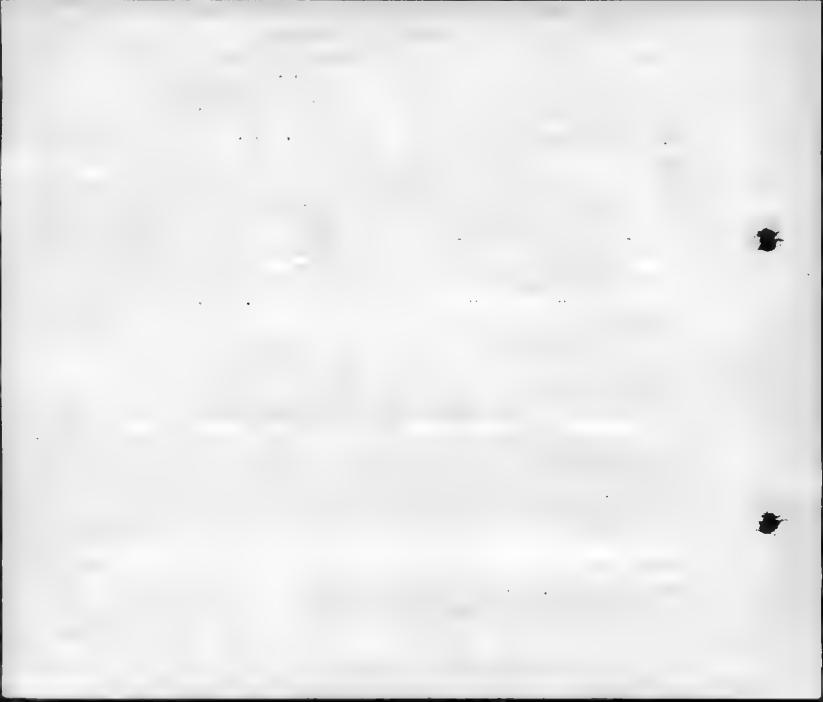
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Nr. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss an a. COUNTY b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (Foutside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) and nive secret town Cheverly D.O.A. Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street address) d STREET ADDRESS E IS RESIDENCE ON A FARM? Prince Georges General Hospital Bryant Street YES NO I NAME OF DATE Month DECEASED John Dalton 1958 19 (Type or print) DEATH August 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF SIRTH 9 AGE the years IF UNDER TYEAR! JE UNDER 24 HRS. Months Doys Hours white March 1902 WIDOWED [7] DIVORCED [] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? BOOK DINGER even (f retired) New York Gov't Pr. Office 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Rachael Boyd John Dalton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT St. AdWaw. Washington, D.C. 1900 F. (To no, or unknown) (If yes, give war or dates of service) Unk. ora Dalton Div. Wife 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (o) H-H-CR PN DUE TO Cardiovascular renal disease Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Port I or Fort II of tiem 181 CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice blda., etc.) Hour a.m. White Not while at work | at work | 21. I certify that I taok charge of the remains described above, held an Autapsy 🗍, Inspection 🚍, Inquiry 🚍 and in my opinion death resulted from: Natural causes , Accident ... Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER August 19. 1958 220. BUR AL, CREMAT ON 226 DATE THEREOF Studigues Genetally RY 22d LOCATION (City, lown, or county) (Stote) New York Hans Funeral Home Albany Trans.Burial 8/21/58 Hyattsville, Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 2 '58 F. Gasch's Sons

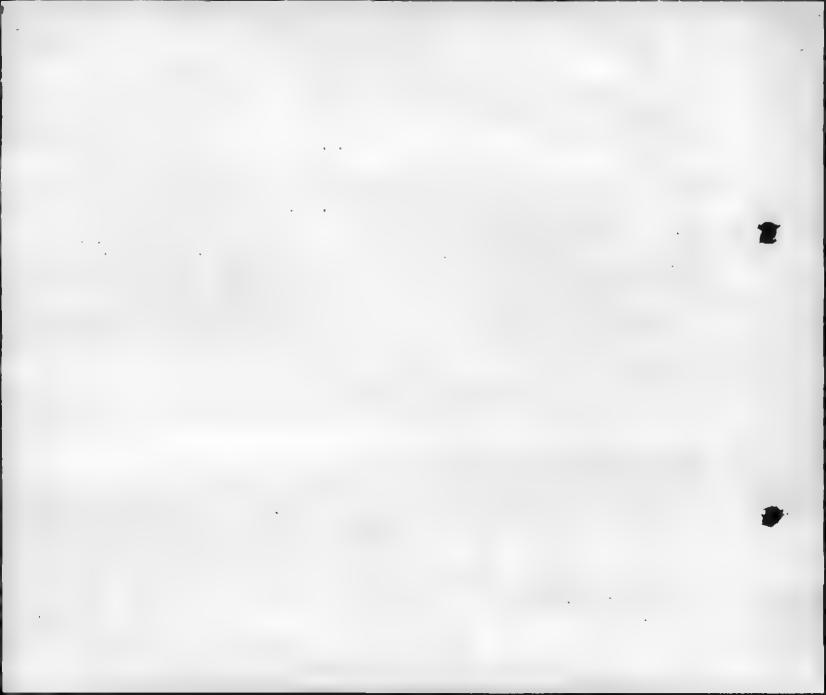


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Z4 hour			IAME OF ECEASED Type or print)	Fan		Middle	Davis	4. DATE OF DEATE	Mon Augus		7ear 1953	
letely fi		5. S	emal e	6. COLOR OR RACE Negroid	7 MARI	RIED NEVER MARRIED	B DATE OF BIRTH August 21,	1958	9. AGE (In years last birthday)	IF UNDER 1 YEA Months Doys	R IF UNDER 24 HRS.	
Comp oper		10a.	USUAL OCCUPATION during most of wor	ON (Give kind of work of king life, even if retired)	lane 10b.	KIND OF BUSINESS OR IND	JSTRY 11 BIRTHPLACE Marylar		country)		of WHAT COUNTRY?	
cion corb	-	13. 1	eather's name Wi	lliam Davis	3		14 MOTHER'S MAII		rence R.	Bonn r		
ng physiciar remove co 72 hours al		15. Y		R IN U. S ARMED FOR	CES? 16.		informant Father, 172	D St.,	S.E., V.a		•	
the death e attendir en please nt within				TH WAS CAUSED BY:	1	ne for (a), (b), and (c), j)	itz			IN OI	TERVAL BETWEEN USET AND DEATH 1239 6 725	
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r requir	(C)	z	lying cause last.	(c	DITIONS	CONTRIBUTING TO DEATH BU	T NOT PELATED TO THE	TEDMINAL DISEA	SE CONDITION GIV	FN (N PART 1(a)	10 WAS AUTOPSY	
The Jow physical has be priol-tra movot.	0	FICATION								LIN HAT ART 1/0)	PERFORMED? YES NO X	
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OR ATTENDING ined by the hospit DIRECTOR: After id be detoc			21. I certify the alive an	August buggest	decea:		h accurred at /2	55 6M, fro	im the causes of Street, city or town,	end an the d		
AL AL	/			OUGLAS E. 1	PIERO	CE, Capt, USAF	(ID)					
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VS A15 (4) 15M 9/55		23.	FUNERAL PRECTOR	's SIGNATURE	bir	ADDRESS O + 4804 Ha	ace 1 40 DAT	REC'D BY REGI	STRAR /24b. REGIS	strar's signat		
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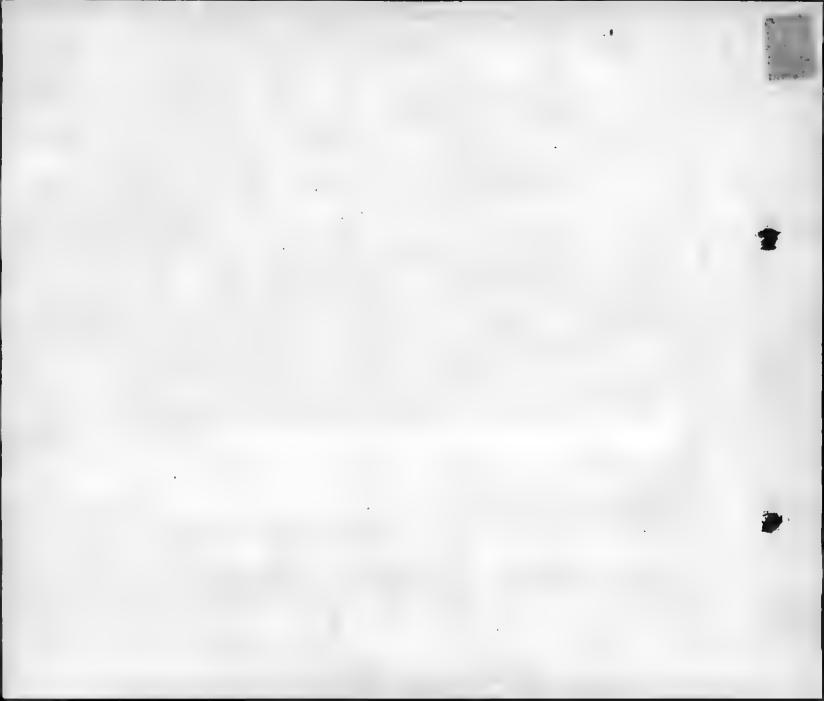


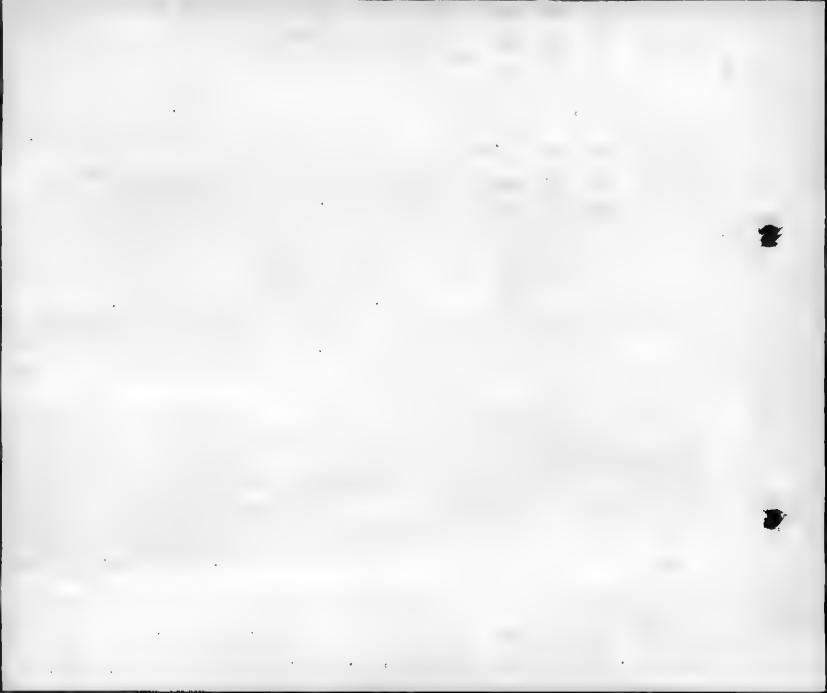
9384 **CERTIFICATE OF DEATH** Reg. Dist. No. director Poge PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE filed b. COUNTY MARYLAND Prince George Martland nce George era b CITY OR TOWN (If outside corporate limits, write death c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should days Cheverly Bowie d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Prince George General Box 337. Church YES NO NAME OF First 4. DATE Middle Yeor DECEASED (Type or print) John DEATH Davis August 19 5. SEX 6. COLOR OR RACE 7 IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED | B DATE OF BIRTH AGE (In years lost bythdoy) Months White Oct. Lael WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work/Bone 10b KIND OF BUSINESS/OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retige 13-FATHER'S NAME 14 MOTHER'S MAIDEN NAME 듬 physicic WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMAN[®] Address 18 CAUSE OF DEATH [Enter only one couse per/line for (a), (b), INTERVAL BETWEEN ONSE AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) μ_3 0.0 **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES THO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc) Hour a.m. While Not while of work of work p. m. 21. I certify that I attended the deceased from Sthat I last saw the deceased and that death accurred at 10:20/M from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S FUNERAL NAME (Type) BURIAL, CREMATION. 22b DATE THEREO! NAME OF CEMPTERY 0 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) Circlian S. Frank 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No LTH DEPT. PLACE OF DEMT USUAL RESIDENCE (Where deceased I ved If institution Residence before admission) a COUNTY COUNTY Page files ealth, c. CITY OR TOWN (If aut de corporate limits, write RURAL and a ve neares town IS RESIDE ON A FARM? YES NO E Middle DATE Month DECEASED OF DEATH (Type or print) 9. AGE (In years 5. SEX Days Hours DIVORCED | 10a USUAL OCCUPATION (Give) nd of work done 10b 12. CITIZEN OF WHAT COUNTRY? ASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise la immediate cause DUE TO (a), stating the underlying ceuse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) [19. WAS AUTOPS) PERFORMED? YES [] NO 20a. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Page II of item 18) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg , etc.) While Not white ol work 📗 at work 🌠 21. I catify that I took charge of the remains described above, held an Autapsy [Inspection P o Suicide D. Hamicide . Undetermined manner opinian death resulted from: Natural causes . Accident . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) 27c NAME OF CEMETERY OR CREMATORY 22d LOCATION (C ty. ADDRESS 240. REC'D BY REGISTRAR 245 REGISTRAR **MS. A15ME** 5M 2,57

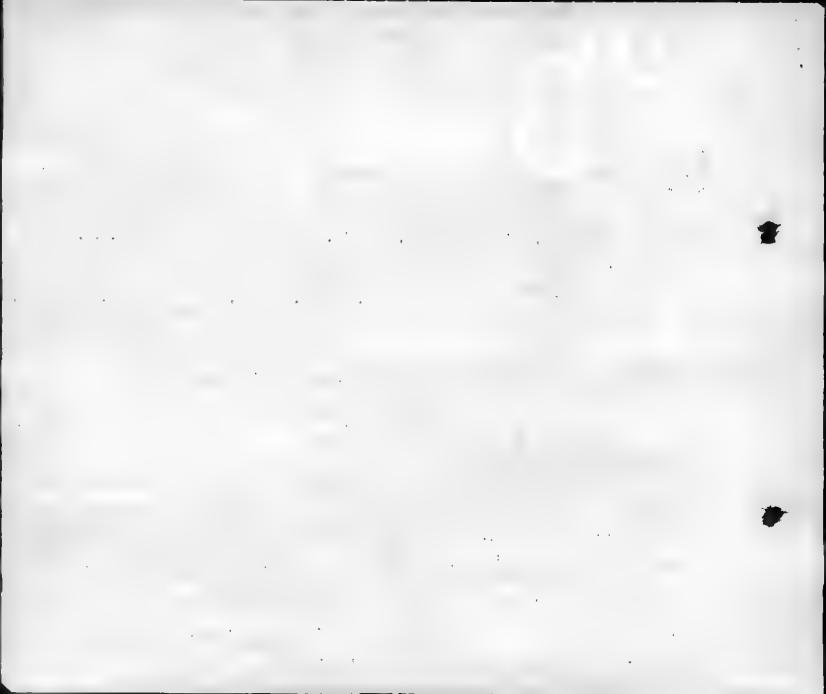




	. 1	9386		CERTIFIC	ATE OF DE	ATH		Reg. Dist. No.	
1, P	PEACE OF DEATH	INCE GEOR	ŒS	MARYLAND	2. USUAL RESIDER	NCE (Where decease CYLAND	d lived. If institution b. COUNTY		GEORGES
Ь	c. CITY OR TOWN (If o RURAL and give near CHE		ts, write c. LEN	GTH OF STAY IN 16		WN (If outside corpo ERLY	orote limits, write RUI	RAL and give nec	rest lawn)
0	d. NAME OF HOSPITAL OR INSTITUTION 2		Avenue		d. STREET ADD	RESS 63rd Ave	enue		e. IS RESIDENCE ON A FARM? YES NO 2
(VAME OF DECEASED Type or print) WAL	Fin TER	C C	Middle]	DEVORE Lost	4. DATE OF DEATH	Month Au		y Year 195
5 5	MALE	WHITE	WIDOWED 🔲	DIVORCED	10/16/98		lost birthday) 59 yrs.	F UNDER 1 YEAR Manths Days	Hours Min.
E	during most of working	ECALIST,	BUREAU O	F BUSINESS OR INDU	SGov't. I	E (State or foreign of PENNSYLVAI	man a	U.S.	.A.
3, 1	JAMES A.	DEVORE			14. MOTHER'S M. ELIZABE	AIDEN NAME ETH ANDERS	MOE		
	WAS DECEASED EVER I	WW # Toler of			informant irs. Nora A	A. Devore	2808 Addre		Chever!
		WAS CAUSED BY:	Carci), (b), and (c).]	of Lur	19		INTI	ERVAL BETWEEN DEATH MONT
	763X Conditions, if any gave rise to imm		WI	th Gene	ralined	metas	Lasis .		
_	couse (a), stating the lying couse last.	under- DUE TO	1		<i>y</i>				
CATION	Chy	onic S	Bronch	itis and		ary Emp	hysema	N IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO [[
3	20g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	206. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter nature of in	njuryjh Part I ar fai	t II of item 18.]		
MEDICAL	20c. TIME OF INJURY Hour p. m. p. m	Manth, Day, Ye		ol while	ACE OF INJURY (Hor iclary, street, office bl	me, form, 20f. (Cit dg., etc.)	y or town)	(County)	(State
	21. I certify that				R.V., 19.57,				
	ACTUAL SIGNATURE	lliam &	OKos	son MI	5 /	PADDRESS (S	treet, city ar town, st	one) August	DATE SIGN
	PHYSICIAN'S NAME (Type)	ILIAM D.	ROSSON		Blade	nsburg, M	aryland		
	BURIAL, CREMATION, REMOVAL (Specify) P. I.A.L.	226. DATE THEREC	Monon	MAME OF CEMETERY (ley Mem.	Park _	TION (City, town, or ONORA PEN	county)	(State)
23	FUNERAL DIRECTOR'S &	Turned:	lucy Al	ODRESS Cemeter SILVER SPR		la. REC'D BY REGIS		RAR'S SIGNATUI	

apletely filled in by the funeral director, lers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and page 3 should be detached by use as the burial-transit permit. Then please remove carban the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death TO HOSPITAL OR VS A15 (4) 15M 10/57



2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

1. PLACE OF DEATH

3

O. COUNTY PY NEP b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give itearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? EMRE 5.5-1614 YES NO F NAME OF Middle 4. DATE Month Day Yeor DECEASED (Type or print) CK DEATH a. 17112 95% 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost bigthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months 11 WIDOWED [] DIVORCED yrs. 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 1101010 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 10491 IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Ze Congestive andiac UNB day 440K **DUE TO** Intero scienolie Cardiounsculan Menul Lisease Conditions, if any, which] gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY CATION PERFORMED? 140 YES NO E 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) Chira as 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Year 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour 0. 11. Not while al work 21. I certify that I attended the deceased from Follow 1956, tol 3/ 195 6 that I last saw the deceased alive on Call a and that death occurred at 4 1 .M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 226. DATE THEREOF 22a. BURIAL CREMATION. 22C-NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE arthur & Flour



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page 3		220	BURIAL, CREMATION, 22b. DAT	E THEREOF	ZC. NAME OF CEMETERY OR		22d. LOCATION (Cit		(State)	
Ě		23.	FUNERAL DIRECTOR'S SIGNATURE	5/50	Mount Olive ADDRESS Wash	t Cemetery		oton D.C.	ATURE	
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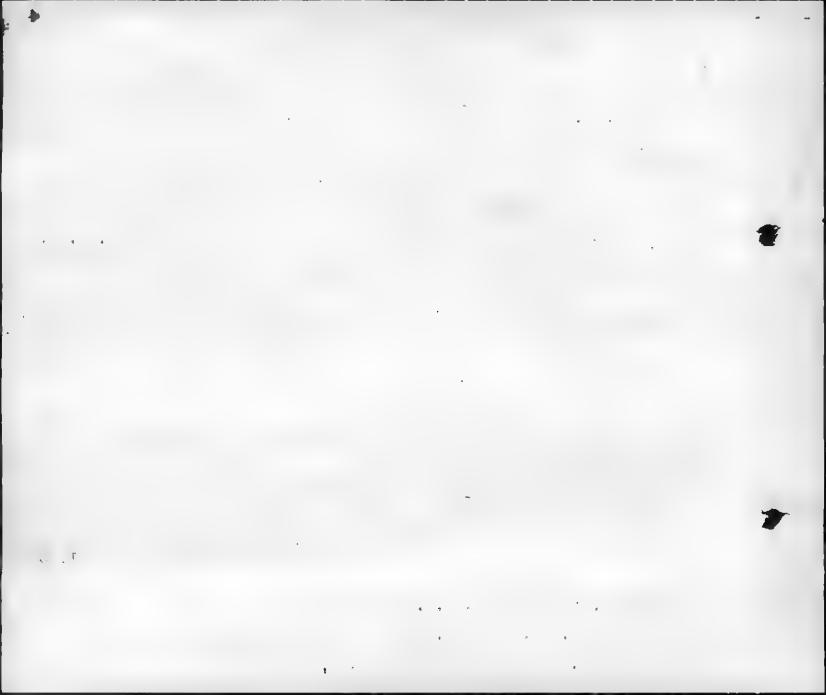
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE FOR'STATE Reg. Dist. No. HEALTH-DÉPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY MARYLAND LENGTH OF STAY IN 16 c. CITY OF TOWN (If outside perperate l'mils, write RURAL and give nearest e. S REGIDENCE SPITAL OR INSTITUTION (If not in hospital, give ON A FARM YES NO 3. NAME OF 4. DATE Month DECEASED DEATH (Type or print) MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER LYEAR IF UNDER 24 5. SEX Months Hours WIDOWED [DIVORCED [KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (f yes, give war as dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for, (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO L 20a, EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter_noture of 'njury to Port I or Port II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED 20 PLACE OF INJURY (Home, form, 201 (City or fown) (County) factory, street, office bldg , etc.) at work ot work 21. I certify that I talk charge of the remains described above, held on Autopsy [Inspection | and in my apinion death resulted from: Natural causes , Accident , Suicide , Homicide ... Undetermined manner DATE SIGNED ACTUAL SIGNATUR NAME (Ty 22c. NAME OF COMETERY OF CREMATORY 22d. LOGATION ICity. 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE AUG 2 0 '58



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VS. A15ME(5) SM 9/55

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	PART 1. Conditions, gave rise to in	DEATH WAS CAL	ISED BY:	10	(a), (b), and (c).] Theustice		ung.				ONSE	YAL BETWE	EN I'H
È	Š		ANT CONDITI	IONS CONT	RIBUTING TO DEA	TH BUT N	OT RELATED TO THE TE	RMINALDISEAS	SE CONDITION GIV	EN IN PAR		P. WAS A	NO A
		CONTRIBUTING	206. 0	DESCRIBE H	OW INJURY OCCU	JRRED (En	iter nature of injury in	Port I or Part I	l af item 18.)				
		NJURY Month . m m.	, Day, Year 19	20d. INJ While of work	Nat while	20e. PLAC factor	E OF INJURY (Home, ry, street, affice bidg.,	form, 20f. (Cit	y or town)	(Cau	unty}		(State)
	21. I certify	y that I took	charge of	f the ren	nains describe	d abov	e, held an Auto	psy 🔲, I	nspection 🔣,	Inquir	у 🔟	and f	ind tha
	death resui	Ited from: N	latural cau	uses 🔼,	Accident [], Suic	ide 🔲, Homic	ide 🔲, U	ndetermined o	ause 🔲].		
	ACTUAL SIGNATURE	John	L D.	M	alone	<u></u>	M.D. CHIEF MEDICA	_				DATE S	IGNED
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	22g. BURIAL, CREM REJOYAL SO	ATION, 22b. DA	TE THEREOF		. NAME OF CEMEN			22d. LOCA	TION (City, town, or ginia	or county)	لد و	(Stote)
	23. FUNERAL DIREC	TOR'S SIGNATUR	É		ADDRESS			EC'D BY REGIS		STRAR'S SIC	MATUR	E	
	F. Ga	sch's S	ons	Hyat	tsville	Md.	DANE	JG 7 '58	(1)	educ	1		



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ADDRESS

The S. H. Hines Co. Washington, D. C. DATE AUG 2 5 '58

22c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

22b. DATE THEREOF

Year

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(State)

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Co.

Cirina S. Thous

24b. REGISTRAR'S SIGNATURE

22d LOCATION (City, town, or county)

Prince Georges

24g. REC'D BY REGISTRAR

FUNERAL

executed

page 10 15M 9/5S PHYSICIAN'S NAME (Type)

220. BUR AL CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE



CERTIFICATE OF DEATH Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Month 1950 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? 1413 Hodison St, INTERVAL BETWEEN w. 6126603 PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES | NO [7 (County) (State) that I last saw the deceased _, and that death occurred at 74451 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or tounty) (Stote) TEGISTRAR'S SIGNATURE



Ttem: CERTIFICATE OF DEATH 9390 Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE ber Filed b. COUNTY MARYLAND Prince Georges Marvland Calvert funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cheverly davs North Beach Shoul t e d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 72 Prince Georges General Hospital YES NO Dayton Ave and 2. NAME OF First Middle 4. DATE Lest Manth Year DECEASED OF (Type or print) DEATH Nora Garner August 6 19 58 VIRGINIA 5. SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Hours Female White DIVORCED | 10 31 WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Maryland US! 6 ake o 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO Address 309 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO á CARCINOM A OF permit. Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underond lying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Home, form, | 20f (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Haur a.m. While Not while at work of work p. m. 19.5 %, to_ 21. I certify that I attended the deceased from.... __that I last saw the deceased and that death occurred at MAMM, from the causes and on the date stated above. PUNERAL DIRECTOR: J page 3 shauld be detach he registrar prior to bur alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr ohn Keohoe 220. BURIAL CREMATIC 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS-240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page haurs after death. death certificate





death,

executed within 24 hours

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certificate



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission necessary, please if director. Page if for your files. Board of Health. o. COUNTY o STATE b. COUNTY Prince Georges MARYLAND Virginia Page b. CITY OR TOWN (If outs de corporate tients, write RUZAS c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) D.O.A. Stanley Cheverly r delay is necessite function directions for justing for justing for justing board it death. d. NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address) d STREET ADDRESS e. IS RES DINCE YES NO Prince Georges General Hospital Route 1. 3. NAME OF Middle 4. DATE Local Month DECEASED (Type or print) Lather August 19 58 Leon Good DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE 160 years TEUNDER TYEAR IF LINDER 24 HRS with Hours Months Dovs Min. WIDOWED | 19,75 ond ond DIVORCED [Male white October 8. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Construction U.S.A. Carpenter Virginia Poges poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Madison Good Anna. Lowery 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W.W.2 Yes 223-18-8232 Annie Pauline Good: same address. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (0) ö 44406 8 DUE TO Office Cardiovascular renal disease Conditions, if ony, which gave rise to immediate couse **DUE TO** (o), stating the underlying cause last. ord 'pending Medical Exan PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY psea 07 PERFORMED? NO YES | 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | cutd 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or Iown) (County) (Stute) factory, street, affice bldg., etc.) Hour o.m. While Not while of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Kl. Inquiry 11. DIRECTOR: opinian death resulted from: Natural causes II. Accident II. Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE xecute the construction is should be f ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER John T. Maloney, M.D. August 1. 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) N 4 0 Aug 3. 1958 Family Cemetery Stanley Virginia 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS ATIME AUG 5 F. Gasch's Sons Hyattsville Md. 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) a. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate finish write RUPAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Fairmount Heights D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS retained a State Bo Prince Georges General Hospital 5901 Sheriff Road. N.E. 3. NAME OF 4. DATE Middle DECEASED (Type or print) Dorothy Celestina DEATH Angust. 10thGreen 5 SEY 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In year) FUNDER TYPAR IF UNDER 24 HRS fort b rihder} Months DIVORCED T 36 Female yes. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Domestic Maryland pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown **Hnknown** form File p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17. INFORMANT (If you, give war at dates of service) Dorothy Crabbe: 3984 East Capitol St. D.C. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), } INTERNAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (0) DUF TO Office Stab wounds of chest Conditions, if any, which gove rise to immediate couse DUE TO (o), stating the underlying couse lost. Exa PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 10 178, WAS AUTOPS TO ief Medical I 200. EXTERNAL CAUSE WAS PRIMARY DEST CONTRIBUTING ET CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Stabbed in back with a knife held by another person. 63 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year 30.5 (County) factory, street, office bldg., etc.) White of work of work Yard at home F_irmount Heights. Pr. Geo. Md. 21. I certify that I taak charge of the remains described above, held an Autapsy 3, Inspection 1, Inquiry 11 forwarded DIRECTOR: opinion death resulted, fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE d be AL ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** should FUNER/ John T. Maloney, M.D DEPUTY MEDICAL EXAMINER NAME (Type) August 10. 279 BURIAN CREMATION, 226 DATE THEREOF 22d. LOCATION (City, tox REMOVAL (Spec (y) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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e IS RES DENCE ON A FARM?

YES NO 🖅

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PERFORMED?

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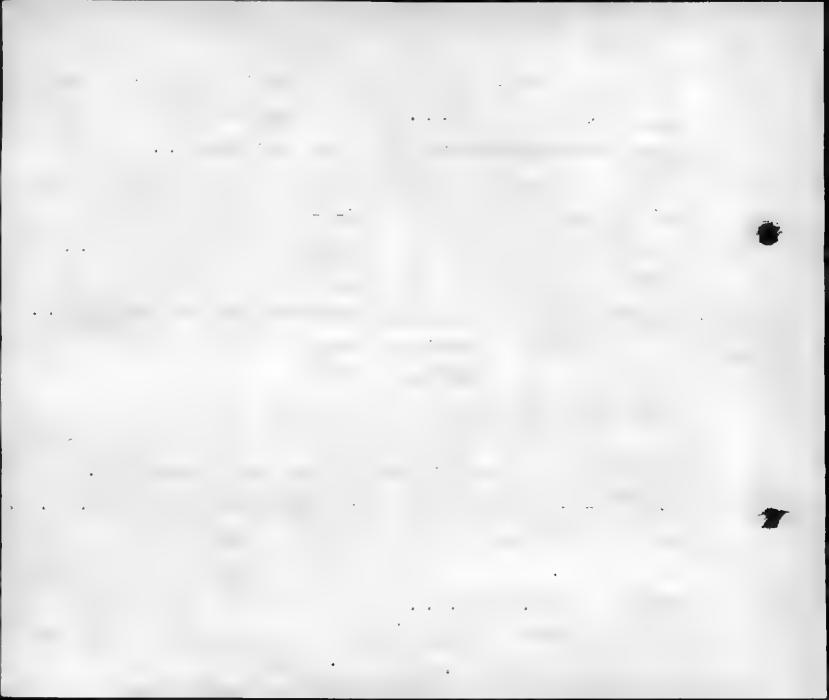
Circuit S. Frank

YES NO

Hours

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ompletely filled in by the funeral director, pers. Pages 1 and 2 should be filed with 1

Page |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg

. Dist. No.	ŧi	IJ	J	y	Ç	
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	1. PLACE OF DEATH a. COUNTY AMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate/limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
1	RURAL and give nearest town)	, .//.
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS
-	OR INSTITUTION	5132 TORELTUING ONLY SE VESTER NOT
	3. NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print)	9 REGG. DEATH 8 - 6 1958
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF DIRTH 9. AGE (In yours IF UNDER FYEAR IF UNDER 24 HRS
-	MY WIDOWED DIVORCED	5-3/-1871 lost birthday) Months Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if relired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Hoist Strawit at Pape Pape. Jehr d.	I Richard.
4	13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
	ROBURT GREGE.	1 hizuBeth BAVE.
	15. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. If (Ves. no. or orknown) (If yes, give wor or dates of service)	NFORMANT Address
	186 118-36-3473 N	langhla hursknight. 51 3d township de
1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Chief 7 61 h 21 K1.
	DUE TO	11.+ has two. 54
	Conditions, if any, which gave rise to immediate (DICE)	ANICAN PROM. FORM.
	lying couse lost.	is Grandized - Bills brief 16 Year
ı		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
}	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING COURRED OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER	PERFORMED?
	20g. ACCIDENT WAS UNDERLYING D 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING D CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour c. js. p. m. 19 While Not while of work of work	, , , , , , , , , , , , , , , , , , , ,
ı	21. I certify that I attended the deceased from 6 - 16	1952, to 8-6, 1957, that I last saw the deceased
ı	alive an 5 125 , and that death	Am Military
	ACTUAL (M.) (M.	ADDRESS (Street, city or town, state) DATE SIGNED
,	SIGNATURE + & M & C (UP (E)	M.O. 350 THE MENUL STILL TO WOL, 20 D
	PHYSICIAN'S JOHN J. CHLARCO MO	
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
	0-0-50 Gate of Heave	n' Cemetery ####################################
	23. FUNERAL DIRECTOR'S SIGNATURE 3831. Ga. Ave. N.W.	D . C 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO MONTAL OR ATTENDING PHYSICIAN: The fam requires that the death certificate bill executed within 24 hinux after illeath may be missined by the haspital or attending physician.

**TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detach.

To use as the burial-transit permit. Then please remove carbothe registrar prior to burial-tremotion, ar removal, and in any event within 72 haurs after g VS A1S (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9393 **CERTIFICATE OF DEATH** Reg. Dist. No. Il director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admiss on) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, white Prince Georges Marurl and unerol c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION e. IS RESIDENCE ON A FARM? 24 YES | NO [Prince Georges Ceneral NAME OF Middle 4. DATE DECEASED (Type or print) DOM: 9. AGE (In years lift UNDER 1 YEAR 1F UNDER 24 HRS lost birthdoy) Months Days Hours Min 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys WIDOWED IT DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) yrs. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) UNKNOWN UNKNOWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CNKNOWN гетоме hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address affending within CAUSE OF DEATH [Enter only one couse per life for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO T 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) [County] (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 19 58, ta 8-21- 19 58, that I last saw the deceased 21. I certify that I attended the deceased from 8-11., and that death accurred at 5-20p.M, from the causes and an the date stated above. alive an. ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) Hageage 220 BURIAL CREMATION. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stole) page WASHINGTON NATIONAL 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTPAR'S SIGNATURE 24a REC'D BY REGISTRAR

Tirthun S. Frank

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MARYLAND STATE DEPARTA	MENT OF HEALTH-BALT	IMORE, 18	
CERTIFIC	ATE OF DEATH	Reg. Dist. I	09395
Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	lived. If institution: Residence b	efore admission)
b. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town)	c CITY OR TOWN (If outside corpor		negrest town)
Cheverly d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Hyattsville, Nd.	. /	e. IS RESIDENCE ON A FARM? YES NO
Prince Georges General Node	Lost A. DATE OF BIRTH	Month August	Doy Year 11 19 58 ARI IF UNDER 24 HRS
Male White WIDOWED DIVORCED DI	July 21, 58	lost birthdoy) Months Day	
during most or working life, even if relired)	md.	4.	S. A.
Rechard B. Halloran &. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 117.	14. MOTHER'S MAIDEN NAME	- Miller	
Yes. no. or unknown (If yes. give wor or dates of service) 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	3 other	as# 2	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. DUE TO DUE TO Couse (a), stating the under-lying cause lost.	heart dece	de :	A day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE RED. (Enter nature of injury in Port I or Port		19. WAS AUTOPSY PERFORMED? YES NO
	ICD. (Enter noture or injury in Port I or Port	ii or tiem ip j	
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of work of the control of the	PLACE OF INJURY (Home, form, 20f (City actory, street, office bldg., etc.)	or town) (Coun	ly) (Stole)
21. I certify that I attended the deceased fram July 21, alive an August. 11. 19.58, and that deat ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DIS JOSOPH McDonald	h accurred at 7:15PM, fram	the causes and an the deet, city or joyn Albie)	saw the deceased date stated above DATE SIGNER
20. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY (REMOVAL (Specify) 8-13-58	OR CREMATORY COMP 22d LOCAL	ON (City town, or county)	Vo.
FUNEA DIRECTOR'S SOHE Hyattsvirles aryla	and 240. REC'D BY REGISTE AUG 1 8		



			MARYL	AND S	STATE DEPA	RTM	ENT OF HEAD	LTH-BAL	TIMORE, 18	3		
			9442		CERTI	FICA	TE OF DEA	TH		Reg. Dist. No	093	396
	1. P	COUNTY Pri	nce Georges		MARY	LAND	2. USUAL RESIDENCE D. STATE	(Where deceased	l lived. If institution b. COUNTY	Residence befo	ore admissi	on)
		RURAL ond give n	ale (rural)		and To, de		s., W	ashingto	rote limits, write RUI	RAL and give ne		
N	a	OR INSTITUTION	At (If not in hospital, gi				d. STREET ADDRES		t., N. W.		e IS RESI ON A •YES [PENCE FARM? NO X
	D	AME OF ECEASED ype or print)	Oliver	ıt	Middle S.		Hammett	4. DATE OF DEATH	Month	2	,	ear 958
	5. SI	x Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRI		6/18/08	\		FUNDER 1 YEAR Months Days	-	
1		usual occupation during most of wor Painter	ON (Give kind of work d king life, even if retired)		IND OF BUSINESS O			Stole or foreign congton, D	ountry)	USA	DF WHAT	COUNTRY
			C. Hammett					en name McIntire				
	15. V (Yes,		R IN U. S. ARMED FORG (If yes, give war or dates of se		7-12-8372	. 17, 18	Decedent		Addre	35	<u> </u>	
			m mediate DUE TO				iberculosis			אס ל ל	ERVAL BET SET AND YTS.	DEATH
"Her	CERTIFICATION	PART II. OTI	(c) HER SIGNIFICANT CONE LS UNDERLYING	DITIONS CO			NOT RELATED TO THE T			N IN PART I(o)	PERFOI YES	UTOPSY RMED? NO [
		FEITHER, NOTIFY Oc. TIME OF INJUR Hour o. p. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yeo	r 20d. (N) While at work	URY OCCURRED Not while of work		CE OF INJURY (Home, ory, street, office bldg.		or town)	(County)		(State)
,		21. I certify the live on	at I ottended the	deceased _, 12_5		death	, 19 <u>55</u> , to occurred at 11:	254 M, from Address (Si		ute)	te state	
Í	220.	PHYSICIAN'S NAME (Type) BURIAL CREMATIC REMOVAL (Specify)	1 8/6 - /3		22c. NAME OF CEM		CREMATORY	Glenn Da	le, Md.	county] , '	{State)
	23. F	UNERAL DIRECTOR	s signature : Tu.	esell	ADDRESS Word 8	Fune:		REC'D BY REGIST	- 1	RAR'S SIGNATU	_	



VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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CEDTIFICATE OF DEATH

09397

935	8 CERTIFICA	ATE OF DEATH	Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Prince George		2. USUAL RESIDENCE (Where deced o. STATE Maryland	sed lived If institution Residence b. COUNTY Princ	before odmission) e Georges
b CITY OR TOWN (If outside corporate limits, v RURAL and give nearest fown) Hyattsville	rile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor Hyattsville	porate limits, write RURAL and giv	e nearest lown)
d NAME OF HOSPITAL (If not in hospitol, give or instruction 1805 Fox Street	street address)	d. STREET ADDRESS 1805 Fox St	reet	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) HAYVE	1 Wesley	Haun 14. DATE OF DEAT	Manth	Doy Yeor 14 19 58
2	MARRIED NEVER MARRIED DOWED DIVORCED	June 27, 1886		YEAR IF UNDER 24 HRS Oys Hours Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		STRY 11. BIRTHPLACE (State or foreigner) ETK Illinois		EN OF WHAT COUNTRYS
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
Adam Clark Haun		Cordelia	a Lemon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give was as dates of service)	579-48-0537 2	NFORMANT 1da Miller Haur	1805 Fox St.	reet Maryland
18. CAUSE OF DEATH (Enter only one couse PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Congetive	Heart 7 as	Cure.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	arterissele	eotic Hart	Sixease.	5 days
gove rise to immediate cause (a), stating the under-lying cause last.				J
PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNIFICANT CONDITION	ons contributing to DEATH BUT	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART I	(a) 19 WAS AUTOPSY PERFORMED? YES NO X
	DESCRIBE HOW INJURY OCCURRE	(Enter nature of injury in Part I or P	art II of item 18.)	
Hour a.m.	20d. INJURY OCCURRED 20e. PU While Not while fac of work 0	ACE OF INJURY (Hame, form, 20f (C tary, street, affice bidg., etc.)	ity or tawn) (Coa	unty) (Stote)
21. I certify that I attended the de	ceased from 13 Aug	1. 1958; to 14 A	(4-21_, 195 S, that I la	st saw the deceased
alive on 13 Aug ;	19.5 2 , and that death	occurred at/132 A.M. fre	om the causes and an the	date stated above
ACTUAL Ausself 13	anold	M.D. 8801 Co	(Street, city or town, state)	DATE SIGNED
PHYSICIAN'S RYSSE// 13	3. Arnold M	l.b. Silvers	pring, md.	
220 BURIAL, CEEMATION 226 DATE THEREOF	22c. NAME OF CEMETERY OF		ATION (City, tawn, or caunty)	(State)
bunial 0/10/50	Columbia Ge		rlington, Vir	ginia
The S.H. Hines Co 2	901 14th St., N	W DATE AUG 1		





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9395 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission e. COUNTY COUNT c CITY OF TOWN de corporate II your J of I DATE DECEASED OF DEATH (Type or print) 5 SEX 7. MARRIED N 9. AGE Ille visor EUNDER TYEAR Months | Days ION (Give kind of work done 10b KIND OF ng life, even if retired) INFORMANT DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse fost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of stem 18.) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) While Not white o.m. of work at work 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection 📝 opinion dooth resulted from. Notural causes VI. Accident ... Suicide . Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) BLMOVAL (Spec fy) 0

Reg. Dist. No.

IS RESIDEN ON A FARM YES NO TE

IF LINDER 24 HES

PERFORMED? NO P

DATE SIGNED

(Stofu)

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(County)

24b. REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

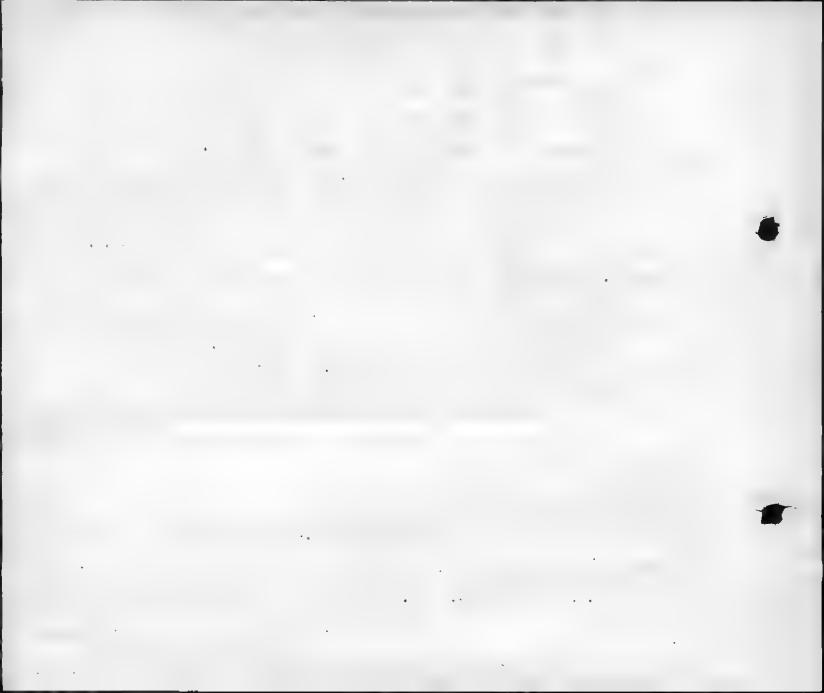
DATE AUG 2 9 '58

Hours

12 CITIZEN OF WHAT COUNTRY?

VS. A15ME





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il director,	1	1.	PLACE OF DEATH					2 USUAL RESI	DENCE (WH	ere decease	lived. If institution b. COUNTY	on: Residence	before a	dmission)
erol dir	Mi)	-	b. CITY OR TOWN	nce Georges (If outside corporate limi	ls, write c.	LENGTH OF STA	Y IN 16		Maryl TOWN (H o		rote limits, write R	Prir	ce G	eorges
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また(pro	l	OR INSTITUTION			_		d. STREET A	DDRESS					RESIDENCE ON A FARM?
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The The			762.5	DUE TO		5	-	<i>t</i> — <i>/</i> —	- //		46-2-4-4			1,7
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an signe			gave rise to cause (a), stating lying cause last	g the under- DUE TO		/		1						1
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or all certil se as atian,		WEDICAL	20c. TIME OF INJL		20d. INJU While	RY OCCURRED Not while	20e. PL/ foc	ACE OF INJURY (Home, form bldg., etc.	20f (City	or town)	(Co	unty)	(State)
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0 0				that I attended the										
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De B	- 1		SIGNATURE	(1-11 (11) C)	1. J. W	Contra 1		M.D		f-1-4-	4- 64 1		/-	Thoball is
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may Poge the r			FUNERAL DIRECTO	1 6/20X08	5 Pr		orge'	s Genera			Cheverl			
VS A15 (4)		(I I I	SIGNATURE	Mar	ADDRESS	nn	Tro		BY REGIST		etrar's sign		4
15M 10/57			7	L' IL	- nai	ry W. Pe	Ola -	J1.	DATE	EP 4	70	2000-19 20.	, , , , , , , ,	



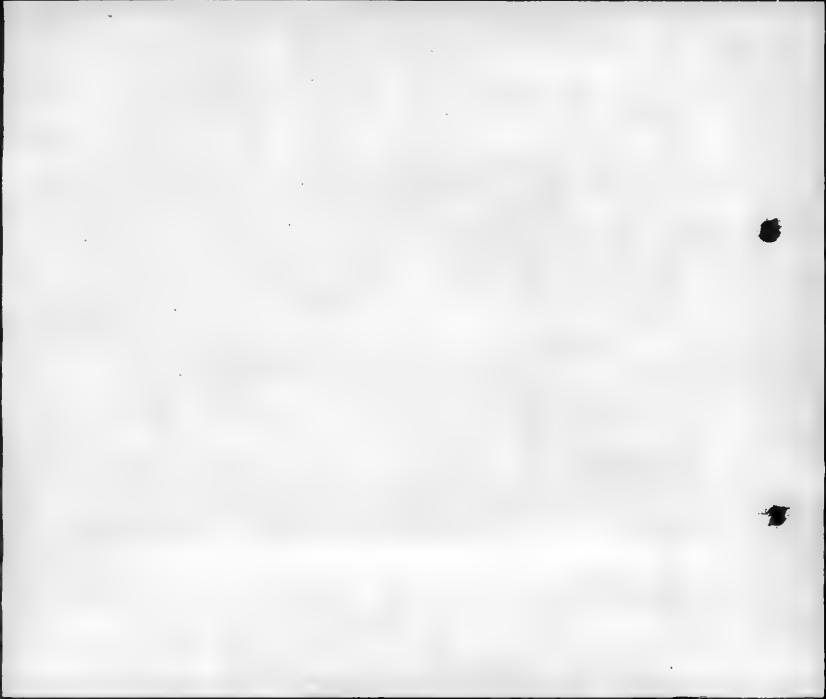


FOR STATE HEALTH DEPT. execute the certificate, with 11 the ward "pending" in pending them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Por may be retained for your files. TO FUNERAL DIRECTOR: 15.26-3 should be used as a burial-transit permit. File pages 1 with the State Board of Health, at its designated agent, prior to burial, cremation, ar removal, and in any event within the state death. 4 should be forwarded to TO FUNERAL DIRECTOR: FOR

VS. ATIME BM 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9393 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09403

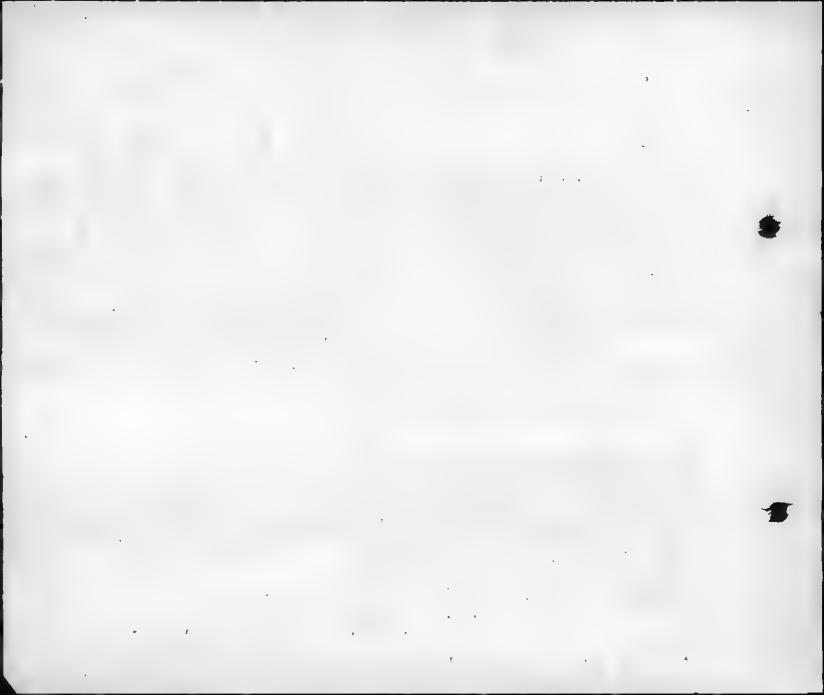
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DIVERTED DIVORCED DICTOR DOCUMENTON Document Do			Morralles	DEATH DEATH	aug 27 1958
DECRETED AND COLUMN (Give sign of work done) to the stand of BUS, SEND OF BUS, NESS OF INDUSTRY 11, BERRYLACE (Signe or foreign country) 13. FATHLES, NAME 14. MOTHER'S MUDERN NAME 15. WAS DECRASED EVER IN U. S. ABMED FORCES? 16 SOCIAL ECURITY NO. 17. REFORMANT 16. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 17. FART IL DEATH WAS CAUSED BY. 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] 19. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] 10. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] 10. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] 10. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] 10. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] 11. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] 12. CONDITION (COURSE (c)) 13. FART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERCOMED? 12. THE COURSE WAS PERCENTAGE OF THE COURSE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERCOMED? 13. THE CAUSE OF THE COURSE WAS PERCENTAGE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERCOMED? 14. COURSE OF THE COURSE WAS DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Fort 1 or Fort IT of Herm 18.) 15. CAUSE OF FINIDEY 16. COURSE WAS DECRETED OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERCOMED? 16. CAUSE OF PARTION. 10. ON THE OFFICE OF INJURY Holeons form. 20. (City or fown) [County] (Stole) 16. CAUSE OF FINIDEY OF THE TERMINAL OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERCOMED? 16. CAUSE OF THE TERMINAL CAUSE WAS AUTOPSY PERCOMED. 10. ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERCOMED. 10. ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERCOMED. 10. ON THE TERMINAL DIN	5.	0. 1. 0.		DATE OF BIRTH	
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20d. EXTERNAL CAUSE WAS PRIMARY gr CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d Injury Occurred 20e PLACE OF INJURY (Home, farm, Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d Injury Occurred 20e PLACE OF INJURY (Home, farm, Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d Injury Occurred 20e PLACE OF INJURY (Home, farm, Port II of Item 18.) 20c. CHIEF MEDICAL EXAMINER DATE SIGNATURE DATE SIGNATURE AND SIGNATURE Port II of Item 18.) 20c. CHIEF MEDICAL EXAMINER DATE SIGNATURE DEPUTY MEDICAL EXAMINER DATE SIGNATURE Port II of Item 18.) 20c. CHIEF MEDICAL EXAMINER DATE SIGNATURE DATE SIGNATURE Port II of Item 18.) 20c. CHIEF MEDICAL EXAMINER DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE Port II of Item 18.) 20c. CHIEF MEDICAL EXAMINER DATE SIGNATURE DATE SI	2	PART II, OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work of wore work of	2				
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work of wore work of	ERTIF	20g. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED. (En	fer nature of injury in Fort I or Part II of	tem 18)
Hour e. m. 19 While of work loctory, street, office bldg. etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inq	13		Tod INJURY OCCURRED TOP PLACE	E OF INJURY (Home, form,) 20f. (City or	(Sinte)
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner ACTUAL	AEDRO	Hour e, m,	While Not while factor	y, street, office bldg., etc.)	(and a
opinion death resulted from: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner [] ACTUAL SIGNATURE [] EXAMINER'S NAMY (Type) ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER [] ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER [] ACTUAL SIGNATURE ACCIDENT SIGNATURE 272c NAME OF PEMETERY OF CREMATORY 127d LOCATION (City, town, or coordy) Value Val	~			e, held an Autopsy 🗍 Inst	pectuan D travity D and in my
EXAMINER'S NAMY (Type) AM CS L, CD AME OF CEMETERY OR CREMATORY BURIAL (Specify) Aug 30, 1958 Pineville Cemetery Aug 40, 1958 Pineville					
EXAMINER'S NAMY (Type) AM CS L, CD AME OF CEMETERY OR CREMATORY BURIAL (Specify) Aug 30, 1958 Pineville Cemetery Aug 40, 1958 Pineville			,000		
PAMP (Type) AM CS L. BURIA COMATION. 27b. DATE THEREOF 12c NAME OF CEMETERY OF CREMATORY PURPLE AUG 30, 1958 Pineville Cemetery 12d LOCATION (City, town, or compy) Va (Store) Burial Aug 30, 1958 Pineville Cemetery Nc Gaheyville Va 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE F. Gasch's Sons H attsville Md. Aug 30, 156			Ja Joyk	M.D CHIEF MEDICAL EXAMINER	BAIE SIGNED
220. BURIA CEMATION, 27b. DATE THEREOF AUG 30, 1958 Pineville Cemetery Mc Gaheyville Va 23. FUNERAL DIRECTOR'S SIGNATURE P. Gasch's Sons H attsville Md. AUG 20 156			773		10 0000
REMOVAL (Specify) Burial Aug 30, 1958 Pineville Cemetery Mc Gaheyville Va 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ALIC 20 JEE	-		T-1904 C		mg 20, 1950
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F. Gasch's Sons H attsville Md.	23			V	
				DATE AUG 2 9 '58	arthur 9 tr



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

3			MARY	AND ST	ATE DEPART	MENT OF HE	ALTH	I-BAL	TIMORE, 1	8		
M			9400		CERTIFIC	ATE OF DE	ATI	ď		Reg. Dist.	No. ()!	9405
	1.	PLACE OF DEATH COUNTY Prince G	eorges		MARYLAND	2. USUAL RESIDER 4. STATE Maryla	NCE (WI	nera deceasa	Brene			ssion)
		Cheverly	(If outside carporate limit nearest tawn)	s, write c. LE	NGTH OF STAY IN 16		WN (If c	outside corpo	rate limits, write RL			vn)
* E()		d. NAME OF HOSP	TAL Iff not in hospital, a		55)	d. STREET ADD	RESS	erly	Ave.		ON	SIDENCE A FARM?
	3.	NAME OF DECEASED (Type or print)	Bid.		Middle Esther	Linds av	-	4. DATE OF DEATH	Augus		Day	Yeor 1958
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED				9. AGE (In years	IF UNDER 1 Y	AR IF UND	
	L	F.	W.	WIDOWED 1	DIVORCED [May 18,	188		last birthday) 75 yrs.	Manths Day	rs Hours	Min.
1)	_	Housewi	ON (Give kind of wark or rung life, even if retired)	lane 105. KIND	OF BUSINESS OR INC	Virg	inia	3.	ountry}		OF WHA	T COUNTRY
		FATHER'S NAME	7.7 - 7- 7			14. MOTHER'S M.						
	<u> </u>	eorge W.	WEDBE	erca la co cu		Betty	G11	espi				
	{Ye	NO DECEASED EVE	(If yet, give wor or dates of se			rs. Bern	4	TT	3500 (
			ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)			ular a	u	role	1	11	NTERVAL BONSET AND	ETWAEEN
		Conditions, if a	DUE TO	an	leman	2					1.00	ATT -
		gave rise to cause (a), stating lying cause last.	mmediate DUE TO								7	
٥	CATION	PART II. OT	HER SIGNIFICANT CONI	C V	A - 67	IT NOT RELATED TO THE	ie Termi	NAL DISEASE	CONDITION GIVE	N IN PART 1(c	PERF	AUTOPSY ORMED?
	CERTIFI	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING DO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCUR	ED. (Enter nature of in	jury in l	ort I ar Part	II af item 18.)			
	MEDICA	20c. TIME OF INJUI Haur a. fi. p. m.	RY Manth, Day, Yea		Not while	LACE OF INJURY (Horactory, street, office bi	ne, farm dg., etc.	, 20f. (City	or tawn)	(Coun	ly}	(State)
		ACTUAL SIGNATURE	grant I attended the	n K		h accurred at//	30,	DM. from ADDRESS (SII	reel, city ar lown, s	id an the d	date stat	ed abave. ATE SIGNED /6/58
- 1	220	PHYSICIAN'S NAME (Type)	John Ke		NAME OF CEMETERY				Ave. Ch		y, Mc	
		REMOVAL (Specify	8/8/58		vergreen	Cemetery	•	Pos	noke, V	a.	D16)	·c)
	23.	FUNERAL DIRECTOR	er's Sons	10 00	1756 Pa.	Ave. N. 5		ay REGISTI	RAR 246 REGIST	RAR'S SIGNA	TURE	



			9444 CERTIFICATE OF DEATH Reg. Dist. No.
director director		1, 1	PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) STATE D. COUNTY D. COUNTY D. COUNTY D. COUNTY D. COUNTY D. C.
r death.		ŧ	CCITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) CCITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) CCITY OR TOWN (If autide corporate limits, write RURAL and give nearest town)
urs after by the od 2 sho	ه مور	la la	A NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 7201 1-001 ER D.2. 4 STREET ADDRESS ON A FARM? YES D. NO D.
n 24 ha filled in ges 1 an		- {	NAME OF SECRET TO FIRST SECRET AND SECRET SE
pletely preserve		5. \$	M North WIDOWED DIVORCED G 6-17-52 lost birthday) Months Days Haurs Min.
oxecuti			USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) UNAS 4.0 C. CITIZEN OF WHAT COUNTRY?
icate be	.)		FATHER'S NAME 14. MOTHER'S MAIDEN NAME 11. MOTHER'S MAIDEN NAME 11. MOTHER'S MAIDEN NAME 11. MOTHER'S MAIDEN NAME 2
ling phy		TS. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 7201 BLURER US. NO (If yes, give war or dates of service) NO (If yes, give war or dates of service) NO (If yes, give war or dates of service)
he deat attend en plea nt within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) PACT I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)
d by the	V		Conditions, if any, which to WIRTIL PESFIRATORY INFECTIONS 11.44
require ton signe and in		7	cause (a), stating the under- lying cause last. DUE TO (c)
The law g physic has bee urial-tra		FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO
clan: utending rtificate is the bu		AL CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II of Item 18) Control of Injury Month, Doy, Year 20d. INJURY OCCURRED (State) (State)
this ce or use o crematic		MEDICAL	Haur a m. p m. While Not while of work at wo
ENDING he hasp R: A/R och buricz,			21. I certify that I attended the deceased from 19 4 to 19 4 that I last saw the deceased alive an 19 4 and that death accorded at 19 4 M, from the causes and on the date stated above.
OR ATT	,		ACTUAL ADDRESS (Street, city of town, state) 20 Date SIGNED SIGNATURE LELL DIVERSIGNED SIGNATURE LELL DIVERSIGNED SIGNATURE LELL DIVERSIGNED SIGNATURE LELL DIVERSIGNED SIGNATURE LELL DIVERSITY SIGNATURE LE LELL DIVERSITY SIGNATURE LE LELL DIVERSITY SIGNATURE LE LELL DIVERSITY SIGNATURE LE LE LELL DIVERSITY SIGNATURE LEL
FPITAL DERAL D 3 shaule	- 1	220	PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 276 DAYE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City town, or county) (State)
TO HOY L			PUNERAL DIRECTOR'S SIGNATURE ADDRESS PAREOF THEREOF (Stote) 22d LOCATION (city town, or county) (Stote) 22d LOCATION (city town, or county) (Stote) 22d LOCATION (city town, or county) 22d LOCATION (city town, or county) (Stote)
VS A15 (4) 15M 9/55		J	Shasen + Jenkins 4804 GA, Que. No DATEAUG 1 8 '58 Comm 2. Thouse
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

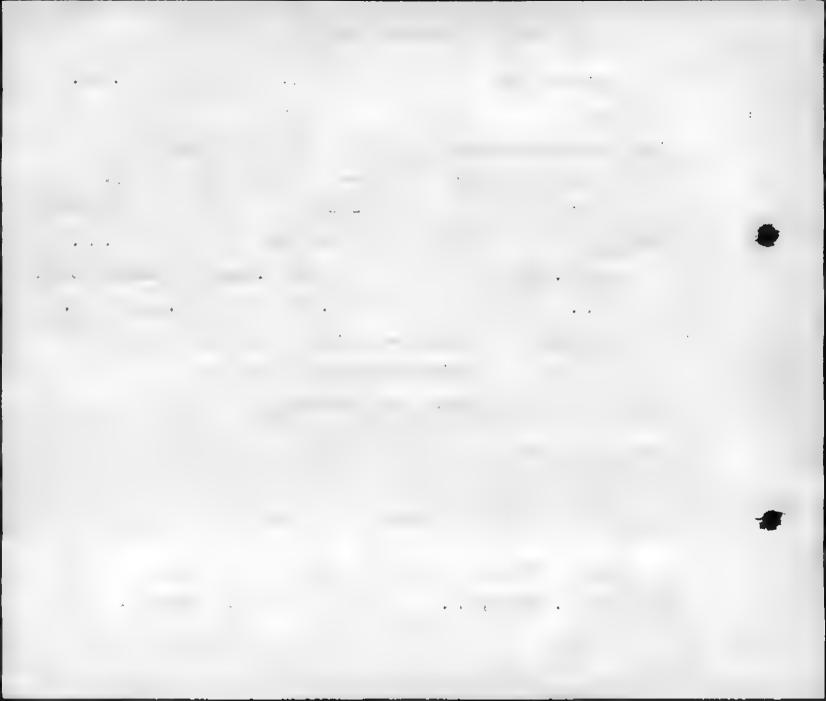


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09407

FOR STATE		9401 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence before admission)
Poge es.		Prince Georges MARYLAND STATE Maryland b COUNTY Pr. Geo.
Poles.	l:	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
Strong H		Cheverly 1 hour 4/ Laurel
SECT IN	-	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESICENS
S O D		Prince Georges General Hospital 29 Avandale Street YES NO
ine ine other	3	VALUE OR
der Sicher der Gerander	!	DECEASED TO THE PROPERTY OF TH
tree the		Type or print) James Edgar Mallonee DEATH August 3, 19 58
1 0 5 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E	5. 5	
T P E A		Male white WIDOWED DIVORCED 3-27-1892 foot big yes Months Days Hours Min.
E 60 17 2	100	USUAL OCCUPATION Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNT
000	-	uring most of working life, even if relited) Carpenter Carpenter U.S.A.
800 J. F. J.	13.	FATHER'S NAME 14, MOTHER'S MAIDEN NAME
2 8 × 8 ×		Leonard J. Mallonee Margaret Ann Houston
Ne P	14	N. A. D. P. C. D. D. C. D. C. D. D. D. C. D.
M TE SOL	[Yas	NO. OF HIS DOCUMENT AND ADDRESS OF STREET AND ADDRESS OF STREET
		Yes W.W. 1 Edith G. Hiett; 409 4th St., Laurel, Md.
D S S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c)]
d police		PART I. DEATH WAS CAUSED BY: USING COMPTSSION
O B o B O		331 X DUE TO
ere Cil i Office Nov		Conditions, if ony, which) 5pontaneous intracranial hemorrhage
re riol		gave rise to immediate couse
و مورد		(o), stating the underlying DUE TO Corebral arteriosclerosis
S d on,		7 (C)
d day	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
or o	3	YES NO NO
The second	TIFE	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.)
Ne Me	CER	CAUSE OF DEATH.
F Selection of the sele	3	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20≥ PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State
8 = Q % 5	MEDICAL	Rour a. m. While Not while toclory, street, office bldg., etc.)
B 0 0 0	Z	p. m 19 al work at work
S. F. S. Liv		21. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔼, Inquiry 🔼, and in n
a page		opinion death resulted fram: Natural causes 🔼, Accident 🔲, Suicide 🔲, Hamicide 📋, Undetermined manner 🗍
S C C C C C C C C C C C C C C C C C C C		
The state of the s		SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER []
Am Sho		ASSISTANT MEDICAL EXAMINER
F A b b b b b b b b b b b b b b b b b b		FY A MINIER'S (/
D to See Level	27.	P. INIAL COCUATION 201 MAYE TURRENT
日 24日 元	220	BURIAL CREMATION 225 DATE THEREOF 22c NAME OF CEMETERY OR/CREMATORY 22d. LOGATION (City, town, or equity) (Stole)
E . 40 .		Juna ligg 6 /738 Juy Hell Com, Kaccel Mis

VS ATSME 5M 2 157



09408

	9402	CERTIFICATE O	F DEATH	Reg. Dist. N	(; 0 x 0 v
	1. PLACE OF DEATH COUNTY Prince George's	MARYLAND 2. USUAL o. STAT	RESID ENCE (Where decessed liw Maryland		fore admission) George 18
	RURAL and give nearest town)		OR TOWN (If outside corporate Riverdale, Ma:		nearest tawn)
)	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 6017 Good Luck Road,		ET ADDRESS 6017 Good Luci	Road	. IS RESIDENCE ON A FARM? YESS NO
	3. NAME OF First DECEASED (Type or print) William	Middle Mask	te Sr. 4. DATE OF DEATH	Month August 22,	Doy Year 19 58 ;
	5. SEX 6. COLOR OR RACE 7 MARRIED 1	NEVER MARRIED 8. DATE OF	9 P. /		AR IF UNDER 24 HRS Hours Min.
1	10a USUAL OCCUPATION (Give kind of work done 10b. KIND of during month of working life, even if refired) Farme		THPLACE (Stole or foreign countries thington D. C		OF WHAT COUNTRY?
1	13 FATHER'S NAME William Charles M		ionette Dryer		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL [Yes, one or unknown) If yes, give wor or dates of service) NO NO		te Hamel Ri	verdale, Mary	land.
	PART I DEATH Enter only one couse per line for A PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), staling the under: lying couse lost.	in halme	whaye	00	ITERVAL BETWEEN NSET AND DEATH Y MODEL THE STREET OF THE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUTING TO DEATH BUT NOT RELATION TO BE STORED (Enter no			19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY C	OCCURRED 20e. PLACE OF INJ foctory, street,	JRY (Hame, farm, 20f. (City or office bldg., etc.)	lawn) (Count	y) (Slote)
•	21. I certify that I attended the deceased from alive an	om	at Any from the	ne causes and an the d	
	Burial Aug 25, 1958 F	NAME OF CEMETERY OR CREMATO Fort Lincoln Cel DDRESS	netery Colma	r Manor, Mary	(Stote)
	F. Gasch's Sons Hyattsv	ville, Maryland	DATE AUG 2 8 30		

pletely filled in by the funeral director, ers. Pages I and 2 should be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: At this certificate has been signed by the attending physician a page 3 shauld be detach. To use as the burial-transit permit. Then please remove carbot the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after

I

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 1SM 9/SS



death.

within

executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57 2

ORE, 18	OF HEALTH—BALTIMOI	DEPARTMENT	ARYLAND STATE	MARY
ORE, 1	OF HEALTH—BALTIMO	DEPARTMENT	ARYLAND STATE	MARY

09410

	Q./	03			CERT	IFIC/	ATE	OF E	DEAT	H			Reg. D	ist. No	s	
1.	PLACE OF DEATH	41			2000			STATE	DENCE (VA	/here decec	ned live	d. If instituti b. COUNTY		nce befo	re admis	ion)
	b CITY OR TOWN (If RURAL and give nec		ls, write	c. LENG	GTH OF STAY	IN 1b	c.	CITY OR	równ (If	outside con	porate i	limits, write R	TURAL ond	give ne	est town	n)
}-	d. NAME OF HOSPITA OR INSTITUTION	Md AL (If not in hospital, g	ive street	address)	days .	i		Lando STREET A		Knoll	5				e. IS RES	SIDENCE FARM?
	rince Geor	ces Cener	1 Ho	soit	al		1	3306	_65_	Ave.]	YES	NO 🔲
3	NAME OF DECEASED (Type or print)	John	st	Н	Middle Jr.		c Ga	los au <i>g</i> h y		4. DATE		Augus		2	•	Year 19 58
5.	SEX	6. COLOR OR RACE	7. MAR	RIED				E OF BIRT			9 A	GE (In years ast birthdoy)	IF UNDE		IF UND	ER 24 HRS.
	Male	White	WIDOW	ED 🔲	DIVORCE	D 🗆		3/17/	08		"	sr Olimboy)	Months	Doys	Hours	Min
10	. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND O	F BUSINESS C	OR INDU	STRY 1	1 SIRTHPL	ACE (Stot	e or fareign	countr	yl	12. CI	TIZEN C	F WHAT	COUNTRY
	Engineer		-	bvil	Aeron	auti	cs	Was	hing	ton D	C.		Un	ited	Sta	tes .
13.	FATHER'S NAME						14, 1	MOTHER'S	MAIDEN	NAME						
				-												
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL	SECURITY NO). 17 [NFORM	LANT				Add	Iress			
1	No.	r yes, give wor or ocnes or t	ervice			B	arni	ice M	c Gai	ohv	380	\$ 65 A	Te Ta	ando	יין פוונן	Knoll.
		TH [Enter only one co	use per li	ine far (a), (b), and (c)			A PARTY AND	21 104	15/1/		<i>y</i>	VO 1	INT	ERVAL 8	TWEEN
		H WAS CAUSED 8Y IMMEDIATE CAUSE (d					i i on	wi+1	n Int	ONTO	+ 22	cular	Bunti	ON:	SET AND	DEATH
	11201	IMMEDIATE CAUSE (d		ual u	row Tit	.a. C	1701	1 11 1 61	4446	er ver	101 1.	C ULLCIL.	Itap oo	4.5	110	AT 17
	Candilum, it -			O21 0 244	y occlu	າຣຳດາ	. 7	oft :	ontar	rion d	loen	andina		1	18 h	מיוור
	Conditions, if an gave rise to in	umedicate [onar	y Occur	19 1 01	19 4	LCI U	alicei	TOT C	1000	endring			10 110) LLL 13
		couse (o), stoting the under- lying couse lost. Coronary Arteriosclerotic Heart Disease years														
	lying couse lost.		,										100 L 10 L 00 A		year	
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DHIONS	COMIKIS	UNING TO DE	IUS HIA:	NOIR	ELAIED IC) IMETERA	VIINAL DISE	ASE CO	INDITION GIV	VEN IN PA	RT I(o)	PERF	RMED?
	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HO	OW INJURY C	CCURRE	D (Ente	er nolure d	of injury or	Port I or I	ort II o	filem 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	No	CCURRED of while work			F INJURY (treet, offici			lity or t	own)	-	(County)		(State)
1	21. I certify the	at I attended the	decea	sed from	mJul	v 31		19.5A	, to &	11201101	. 2	. 1958	that I	last si	aw the	decease
		gust_2														
		2		-,v					-712)	ADDRESS	(Street,	city or Igwn,	stote)			ATE SIGNE
	ACTUAL SIGNATURE W	alaco 1	SL	14	yu-		M.D. ,,	nt	Ra	une	٠	md.			8.2	1- 6-
	PHYSICIAN'S NAME (Type)	Dr. Mover	5		,			Mt	Rai	nier	Мс	1.				
22	BURIAL CREMATION	226 DATE THERE			IAME OF CEN	_						(City town,			(Sta	le)
	Burial	8/5/58			t Lin	coln	Ce	mete	ry	Col	mar	Mano	r, Mo	1.		
23	FUNERAL DIRECTOR'S	SIGNATURE			DDRESS				24a. REG	C'D BY REG	ISTRAR	24b REGI	STRAR'S S	IGNATU	RE	
	F. Gasch	's Sons	Hyat	tsvi	ille M	d.			DATE		150	1000	C. R.	ula		
Section 1									11	10 C	30					



1 V		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		9446 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT)	Reg. Dist. No. PLACE OF DISCH 2. USUAL RESIDENCE (Where deceased lived in institution: Residence before admission)
88 .	- '	o. COUNTY J D. LOURTY J CA STATE J D. COUNTY J CA SCIENCE OF THE COUNTY J C
age self	r	b. CITY OR TOWN I ochide corporate limits, were RURAL c. MINGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
2000		Alesea housel mani. 33
For f		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
y 18 ined ined ste B	=	NAME OF A First Middle Last 4. DATE Month Day Year
delo reforme Store r dec		NAME OF DECEASED (Type or print) Age of DeceaseD (Type or print) Middle Middle Doy Year OF DEATH (Type or print)
to the	5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED TO DATE OF BIRTH 9. AGE (In year I FUNDER 1 YEAR IF UNDER 24 HRS
d 3 mg d		wall widowed Divorced Clark 1921 36 yrs Months Days Hours Min.
2. or]1	DO. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPUXCE (State or fore an country)
The state of the s		The state of the s
PM3		recet mindle tarnet
or se le		5 (WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 1 (If yes, give wor or dotes of service)
1 2 2 2		12 Stelezabeth tempetof from do
m 18 m 18 mg v nd in		18. CAUSE OF DEATH [Enter only one couse per line for [o], (b), and (c).] PART I, DEATH WAS CAUSED BY:
is a file	A	O 3 1 IMMEDIATE CAUSE (0)
end Cil in Mov	V.	Canditians, if any, which to
Tree of the control o		gove rise to immediate cause (o), stating the underlying DUE TO
hould in mine and a b		couse last. (c)
Exa as		PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPOT PERFORMED?
per interest of the control of the c		YES 1 NO 1 200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18)
s cerd Med by Tiot,		20b DESCRIBE HOW INJURY OCCURRED (Enter notive of injury in Part I or Part II or from 18) FRIMARY CO CONTRIBUTING CO Had a conversion sive seizure and law out in the direct sun natural CAUSE OF DEATH.
The white which was the was should be be a		20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
NE STORY		pm. 19 of work of work [] Laxington old Silenia I'. C.
W Land		21. I certify that I took charge of the remains described above, held an Autopsy 3. Inspection . Inquiry . and 'n my
Togen igen		opinion death resulted fram: Natural causes . Accident . Suicide ., Hamicide ., Undetermined manner
ed of the		ACTUAL CHIEF MEDICAL EXAMINER D
AEC CO		ASSISTANT MEDICAL EXAMINER [7]
GIG S		NAME (TXD) AMES 1 150 DEPUTY MEDICAL EXAMINER IN CLUB 22 1950
Shoot Street	7	PREMOVAL (Spar In) 226 DATE THEREOF 220 NAME OF CEMETERY OR CHEMATORY 220. LOCATION (City, lawn, or county) (Stote)
5 , 5 ,		STONERAL DIRECTOR'S SIGNATURE ADDRESS , SOME 140 REC'D BY REGISTRAR'S SIGNATURE
VS A15ME 5M 2'57		4100 1 kg a herrer 10 1/217 00 1/217
J.41 & 37	4	Social Jelling 101710 Tall DATE AUG 2 5 '58 Coulon S. Kinus



ADDRESS

3501 14th St., N.W.

DATE

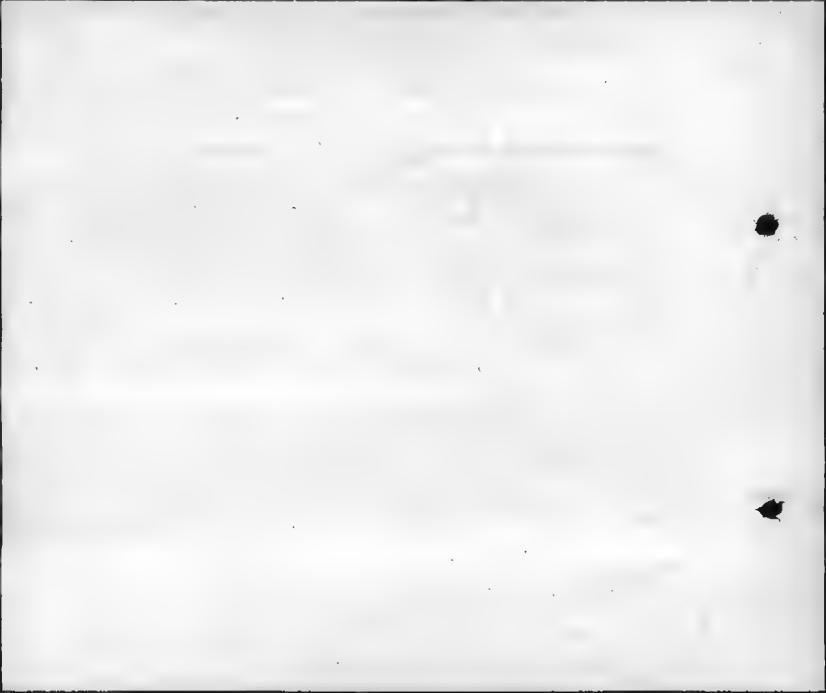
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H BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E COND	DITION GIV	EN IN PA	RT 1(o) 1		AUTOPSY RMED?
CURREC). (Enter nature o	finjury in f	ort I or Par	t II of it	em 18.)				
Oe. PL/ foc	ACE OF INJURY (Home, farm bldg., etc.	20f. (Cit)	y or tow	n)	-	(County)		(Stale)
14									deceased
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ERY O	R CREMATORY		22d. LOCA	TION (C	ify, lown, o	of county)		(Stote	e)
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C+	ki uu	24a. REC'I	AUG 2	S 58	24b REGIS	STRAR'S S	IGNATU	RE Craise	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

O VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Bernard Danzansky & Sons





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admiss on) o. COUNTY b COUNTY Prince George's Page MARYLAND b. CITY OR TOWN IT THE SOUND OF THE PURE c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! ¥L Cheverly Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give ifreet address) STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's General Hospital 1925 Wheeler Road YES NO P 3 NAME OF 4. DATE Month DECEASED (Type or print) DEATH Mande Gertrude Moore August 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARR ED 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HFS iant birthday) Months Dovs Hours Min. Female WIDOWER DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? House wife District of Columbia Own Home 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Mary A. Smith Joseph W. Fillius 15. WAS DECEASED EVER N U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT I'ves on at wokneyer) (If yes, give wor or dates of service) Gilbert F. Moore. No Same as None 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Shock IMMEDIATE CAUSE (a) DUE TO Fracture of the left hip. Conditions, If ony, which? gove rise to immediate cause DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NOTA 20a. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING DE CAUSE OP DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18) on floor in home Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY (County) (State) foctory, street, office bldg., etc.) While Not while of work XIX 58 Oxon Hill Md. Inquiry + and in my apinion death resulted fram: Natural causes ... Accident 1. Suicide ..., Homicide ..., Undetermined manner **BATE SIGNED ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE Should be ASSISTANT MEDICAL EXAMINER EXAMINERS August James I. Boyd NAME (Type) DEPUTY MEDICAL EXAMINE KIT 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, os.couply) ... 720 BURTAL CREMATION. 240 REC'D BY HEGISTAGE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURELLA SEP 2 VS. A15ME DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 Is certificate has been signed by the attending physician and completely filled in by the funeral director, use as the burial-transit permit. Then please remove carbon firs. Pages 1 and 2 should be filed with emotion, or removal, and in any event within 72 haurs after deby. may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: Aff
Is certificate has been sit
page 3 shauld be detached
Use as the burial-transit
the registrar prior to burial Cematian, or remayal, and

		9447		CERTIFI	CA	TE OF DEA	ATH		Reg. Dist.	No.	
	1. PLACE OF DEATH					2 USUAL RESIDENC	E (Where decease		n. Residence	before admission)	
/	o. COUNTY PI	rince Georg	es	MARYLAI	ND	o. STATE Mary	land	b. COUNTY	Prince	Georges	
	RURAL ond give no Brandywir	b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown) Brandywine d. NAME OF HOSPITAL (Hopot in hospital, give street			c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corpored Brandywine					e nearest lown)	
1	OR ASTITUTION	Bran	-le	jurne, lu	لمهب	d. STREET ADDRE	RR	,		e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	PRESCH		Middle		MOORE	4. DATE OF DEATH	Month Augus		Day Year /. 19 58	
	5. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	□ 6.	DATE OF BIRTH	· · · · · ·	9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24 HR	
	Female	Negro	WIDOWE	-		Aug. 20,		Yay yes.	Months De	bys Hours Min.	
1	during out of well	ON (Give kind of work lift) life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUST	_	(State or foreign o			S.A.	
1	13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAME		_		
	7				•	Clanic	e Hawkins	3			
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or doles of s		SOCIAL SECURITY NO NOME		da Neale,	Brandywi	Addre	155		
	18. CAUSE OF DEA	ATH [Enter only one co	use per lin	ne for (o), (b), and (c).		***************************************				INTERVAL BETWEEN	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH										
-	1220			1	5	0		-/	10	71.	
	Conditions, if o		Col	unu		legoe	rede	al ta	Mue	frac	
	gove rise to i codse (o), stating lying couse lost.		7	worn	. 0	aut	_				
	PART II. OTI	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIVE	N IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO	
		AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED.	(Enter nature of inju	ry in Port I or Po	t 11 of item 18.)			
	20c. TIME OF INJUR	Month, Day, Ye	While!	VIURY OCCURRED 20	e. PLAI foch	CE OF INJURY IHome by, street, office bide	, form, 20f. (City, etc.)	or town)	e (Cou	(Stole	
	21. I certify th	nat Lattended the	decease	ed from Tune	2	-, 1954, to	dug 4	1958	,that I la	st saw the deceas	
	alive on	for 50	, 19 🗸		eath (accurred at 2:				date stated abo	
	ACTUAL T	abel	m	· Les m		0	ADDRESS (S	ireel, city or town, s	iole	DATE SIGN	
1	SIGNATURE	1	4		M	.D		Y.	70-07	0/0/2	
/	PHYSICIAN'S NAME (Type)	AHEH	- 19	. DEROI	V	170.0	/			/	
	220. BURIAL CREMATIC REMOVAL (Specify) Burial	Aug. 9,	1958	22c. NAME OF CEMETE Asbury M. E		CREMATORY	22d LOCA B r2 i	TION (City, town, or ndywine, I	county)	(State)	
	23. FUNERAL DIRECTOR			ADDRESS		D 240	SEC. BALLECIS	145 (124b. REG)51	RAR'S'SIGN	ATURE	
	The Huntt F	uneral Home	Э	Waldorf,	Md.	Albah	四十四十	1/1/	Theur.	Straces	



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FOR ST	ATE		9449 ^N	IEDICA	L EXAMIN	ER'S	CERTIFICA	TE OF I	DEATH	Reg. Dist. No	0941
HEALTH	DEPT.	1.	LACE OF DEATH	*] 2	. USUAL RESIDENCE	Where deceased			ore admission)
Page les. colth,			Prince Geo		MARY	LAND	° SIAT Maryl	and	P COUNT	Prince	G _e orge
		l t	CITY OR TOWNs (It outside corporate fin to and give nearest town)	er to RURAL	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If outside corpo	rate limits, write	RURAL and give n	earest town)
of of		_	Clinton		55 years		× Clir	nton			
for		V.	NAME OF HOSPITAL OR INSTITUTION	(It not in hos	ipital, give street addres	x)	d. STREET ADDRESS				ON A FARME
F ed L	1 =0	<u>L</u>	Burch Hill Ro	ad			Burch	Hill	Road		YES NO K
fun fun Stot			NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month	_	Year
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			Type or print) James		arboe	Mude		DEATH	Augus		1958
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	/_ \	-	Carpenter		Building		Mary]			U.	S. A.
MG S	I	13.	FATHER'S NAME			114	MOTHER'S MAIDEN	400 m 4 4 7	. 351 5 5 5		
		1	Bernard Alber	An analysis in		17. INFO	Frances	Ealt.	h Middl	Leton	
T T T			uo" as nuyuamu) (I) kee" Gine mat oi qoja	of service)	SOCIAL SECURITY NO.		-	. 75 2.2	Address	7	# 2
		-	no l			<u> </u>	James Fēē	e Muaa	Sr., S	resp. e.v.	
m]			18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED III]	couse per line					d Tarana	ONSE	TAND DEATH
Signature Signat			IMMEDIATE CAUSE	(0)	_Acute_c	onge	stive hea	art la	TTure		
Fice from			442X DUE	0	Ø Ø	7		24 000	~ ~		
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Conditions, if any, which) gave rise to immediate cause	(b)	Cardiova	SCUL	ar renal	disea			
0000			(e), stating the underlying DUE								
S CO.		7	PART II, OTHER SIGNIFICANT C	(c)	ONTERNITING TO DEATH	A RUIT NOT	RELATED TO THE TERM	MNAI DISEACE	CONDITION CIV	Shi thi BART Valu	D WAS AUTORS
A CHANGE	0	Ē	PART II, OTHER SIGNIFICANT C	JAVINONS C	SATINGOTH O TO DEATH		ACCUSED TO THE TERM	UHANE BIRENDE	CONDITION O		PERFORMED?
S a s		100	20g. EXTERNAL CAUSE WAS	20h DESCRIB	E HOW INJURY OCCUR	RED (Enter	r potura of injury in Po	et Lor Part II of	tion 18.1		YES NO.
Med by ded		CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	TAR PERCENT	E NOW MISONY OCCOR	THE LETTER	Thorne of injury in Fo	arrorrom (1 Q)	nem io.j		
Dod Dod		1	20c. TIME OF INJURY Month, Day.	Yeor 20d.	INJURY OCCURRED 20	PLACE (OF INJURY (Home, for	m. 1201 (City o	r fown)	(County)	(Slote)
145% 5		MEDICAL	Hour a.m.	While	e _ Not white	factory,	street, office bldg, etc	(-)		(000111))	(arore)
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ge 7 de			opinion death resulted from:	Natural	couses IA, Accid		Suicide	nomiciae [, Undere	rmined manne	r 🗀
PAC C			ACTUAL	. / 0	10 lan		CHIEF MEDICAL E	YAMINES (T)			DATE SIGNED
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SEA PROPERTY.	2)		EXAMINER'S James I	. Boy	a	1	DEPUTY MEDICAL			gust 9,	1958
N S d		220	BURIAL CESMATION , 226 DATE THE		22c. NAME OF CEMET	RY OR CR			Dh (City, lown, o		(Stote)
4 sh		12	REMOVAL (Specify)	1-0	M+C	720	1001	/10n	ex N	12/hans	2 11-1
5 . 5		23.	FUNERAL DIRECTOR'S SIGNATURE	3.0	ADDRESS	- OF 1	240 REC	D BY REGISTRA	AR 24b REGIS	TRAICS SIGNATUR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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death.

within

executed

ATTENDING PHYSICIAN



9450 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) n. COUNTY a. STATE b. COUNTY MARYLAND Prince Georges death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give meanest town) pe RURAL and give negrest town) the fune Glenn Dale 13 days Washington (rural after d. NAME OF HOSPITAL (If not in hospito), give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 36 W. St., N. W. Glenn Dale Hospital YES THE NO IS NAME OF Middle 4. DATE Year DECEASED W. Joseph Mvers (Type or print) DEATH 19 SEXCOLOR COLOR OR RACE- 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) 65 yrs. Months Dovs Hours Min. DIVORCED | WIDOWED [White 1da USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State ar foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Retired USA Md. Butcher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Nee John Henry Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Pulmonary hemorrhage dav DUE TO Pulmonary tuberculosis 12 yrs. Conditions, if any, which] gave rise to immediate <u>5</u> **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DIT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port t or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bidg., etc.) Hour o. n. Not while at work at work p. m. . 1958 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 1:00 A.M. fram the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR Glenn Dale Hospital shauld **PHYSICIAN'S** Glenn Dale, Md. Moe Weiss, M. D. NAME (Type) Oy D. FUNER 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). (Stote) pode NEMOVAIr (Specify) Cer-23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 249, REGID BY REGISTRAT 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



CERTIFICATE OF DEATH 9451 with director Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY ARYLAND 6. COUNTY PRINCE MARYLAND ofter death. b. CITY OR TOWN (if aulside carporate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RUPAL and give nearest town d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION SARANAC ST, DATE OF DEATH NAME OF Middle DECEASED within 24 (Type or print) 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED 9. AGE (in years last birthday) CAUCIASIAN WIDOWED [] DIVORCED [7] be executed 100 USUAL OCCUPATION (Give kind of work done) 10h KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE during most of working life, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME requires that the death certificate 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) PART) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, fEnter nature of injury in Part II or Part II of item 18) MEDICAL 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Haur a.m. foctory, street, affice bidg., etc.) While Nat while of work of work 195 Sthat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 2:30 FUNERAL DIRECTOR: 3 should be SIGNATURE HOSPITAL OR PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY pode REMOVAL (Specify) DURIAL 2 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 3603

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09420

ON A FARM? YES TO NO D

Year

195

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Rea, Dist. No.

Months

INTERVAL BETWEEN ONSEL AND DEATH

PERFORMED? YES NO

(County)

(Slote)

[7] M, from the causes and on the date stated above. DATE SIGNED

28

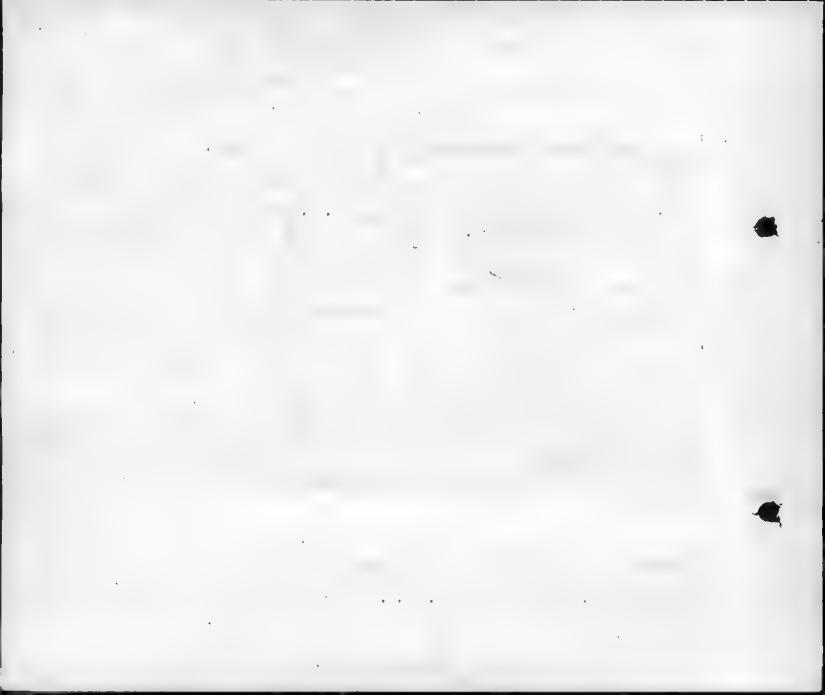
(Stote)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE



PHYSICIAN



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My

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		9408		CERTIFIC	ATE OF	DEATH	1			Reg. Di	ist. No.	094	12
F,	PLACE OF DEATH O COUNTY Prince	Georges		MARYLAND	2. USUAL RES	Mary			f institutio			Ge C	
_	b. CITY OR TOWN (IF RURAL and give nec	autside carparate limit irest tawn)	is, write	LENGTH OF STAY IN 18		town (if a		orote limit	s, write RU	IRAL ond	give nea	rest town)
	Chever! d NAME OF HOSP TA OR INSTITUTION Prince Geor	L (If not in hospital, g			d. STREET			rd St				e IS RES ON A YES	FARM?
3	NAME OF DECEASED (Type or print)	John		Middle L		ost	4. DATE OF DEATH		Mont		Do 1	y 1	rear 5
5.	sex Male	6. COLOR OR RACE	7. MARRIEI WIDOWED	NEVER MARRIED DIVORCED		тн 11 187	7	9. AGE lost b	111	Months	Days	Hours	

		Cheverl			h days		/ T Hvatts	et11e					
	<u> </u>	MAME OF HOSP T	AL (If not in hospital, i	give street o	ddress)		d. STREET ADDRESS	ATTAC				e IS RE	SIDENCE
7	Ι.	OR INSTITUTION		7 77	- 3 L -7	-	/	C+ ~ ~ ~ ~	-2 C+			ON A	FARM?
I			rbge Genera		<u> </u>		J40T		ord St.			AF2 [NO D
	(NAME OF DECEASED	Fi	rst	Middle	e	Lost	4. DATE		Month	Do	ıy	Year
		(Type or print)	John		L,		Norris	DEAT	Н	Aug	1		19 58
\	5. 5	SEX	6. COLOR OR RACE	7. MARRI	ED 🔲 NEVER MARRI	IED 🔲	B. DATE OF BIRTH		9. AGE (In		ER 1 YEAR		
1		Vale	White	WIDOWE	DIVORCE	ED 🔲	11 April 18	77	81	yrs Month	3 Days	Hours	Min
	100.	antied morres moti	DN (Give kind of work ing life, even if retired	done 10b. K	(IND OF BUSINESS (OR INDUS	TRY 11 BIRTHPLACE (Sto	le or foreign	country)	1. 12	CITIZEN C	S (COUNTRY
	13.	FATHER'S NAME TO A	n H N	1000	i's		Jane 1	1 NAME /	Che	000/1	110	28	
		WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO	1	FORMANT THOU	ital	Reco	Address			
			TH [Enter only one co	use per line	e fos (a) (b), and (c)] 7		,				ERVAL BE	
	Ш	PART I, DEA	TH WAS CAUSED BY- IMMEDIATE CAUSE (c	a	1 inlan	rele	Thoras -	ı V			JON:	SELAND	JOH S
		シンベト	DUE TO		1 11	-		7 1	1	(1)		/ -	1
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	z		J (c		SMITHING TO OF	ATLA DATE	N.O. Or. 1200 D. D. D. 1200						
0	CERTIFICATION	PART II. OTF	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	AIM BUI	NOT RELATED TO THE TER	MINAL DISEA	ASE CONDITIO	ON GIVEN IN P.	ART 1(0) 1	PERFC	AUTOPSY PRMED?
		(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	OCCURRED). (Enter noture of injury i	n Port 1 or Po	ort II of item	18.)			
	MEDICAL	20c. TIME OF INJUR Hour s.m. p.m.	Y Month, Doy, Ye	20d. IN. While of work	Not while of work	20e PLA foc	CE OF INJURY (Home, for lory, street, office bldg., e	rm, 20f. (Ci	ity or town)		(County)		(State)
		21. I certify th	at I attended the	decease	d from 2/	Wel	4. 19 57 to	141	19. 1	9 5 That	Llaster	nu the	decens
		alive on S	7/ Luly	1930	and the same	donth	occurred at 7.5						
		41110 01122226	1: 11 15	7-52	and ing	dealli	occorred at 142		ym the cau (Street, city or		the da		ed above Ate signei
		ACTUAL SIGNATURE	ecu K	VACI	Fur MI	0	10. 7200	6	Eut	11 10	1	d.	A STONE

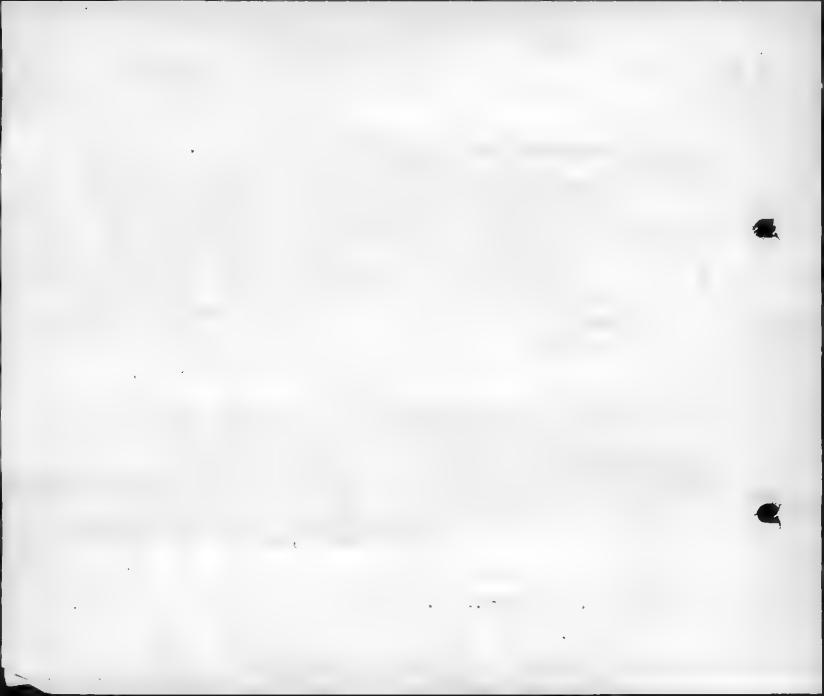
PHYSICIAN'S NAME (Type) Leon Gallin.

220. BURIAL CREMATION, REMOVAL (Specify) 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

REGISTRAR'S SIGNATURE 24b

VS A15 (4) 15M 10/57

the registrar priar to burial, an



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 8 & 10, Film G-233 8 CERTIFICATE OF DEATH

Ren. Dist. No.

									wall ou	*** ****	
	1 PLACE OF DEATH o. COUNTY					DENCE (Who	ere deceased	lived. If instituti	on: Residen	ce before	odmission)
- 1	TO	rince Georges		MARYLANG	P			b. COUNTY		Con	0.00
	b CITY OR TOWN	(If outside corporate limits,	write c LENGT	H OF STAY IN 18		TOWN (If or		ite limits, write R	Prince		
	Chever	· ·	7.7	3	Y Darmen	. Dad at	lade —				
- 1		ITAL (If not in hospital, give	ttraat addraw)	days	X Berwyr		aus				
7	OR INSTITUTION	l	street oudress;		d. STREET	ADDKE22				e.	ON A FARM?
		ege General E	lospital_		8529 5	8 Ave	•				ES NO TO
	3. NAME OF DECEASED	First		Middle	Lo	st.	4. DATE	Mon	ith	Day	Yeor
- 1	(Type or print)	THE ASSESSED			37		OF DEATH	A .		-1	
H		Warren			Norris			August		16	1958
- 1	5. SEX	6. COLOR OR RACE 7	· MARRIED 🎦 NE	VER MARRIED 🔲	8. DATE OF BIRT	H	9	. AGE (In years		1 YEAR IF	UNDER 24 HRS
	Male	TATO STATE IN	/IDOWED	DIVORCED [7]	A 14 0 140	x 3/2/	/1889	lost birthdoy)	Months	Doys H	lours Min.
ŀ					9/18/98	2/ -/	10"	69 yrs.			
_	during most of we	ION (Give kind of work dor trking life, even if retired)	e 10b. KIND OF I	BUSINESS OR INC	DUSTRY II BIRTHP	LACE (Stole o	or foreign cou	niry)	12 CIT	IZEN OF V	WHAT COUNT
	10/27/26/	Machinist		C.Naya	d Gun				1	* 1 7	~ .
	13. FATHER'S NAME	31	The state of the s	ioting ra	ctory Mar				Un	rred	States
	13. PATTERS NAME	(" 70	9		14 MOTHER'S	MAIDEN N	AME				
	Lane	os, Ma	1010		10	100	FT	11 1			
1	10.	ER IN U. S ARMED FORCE	CO DA CONTRACTOR		1000		- /-	plan	,		
	Yes, no. or unknown)	'EK IN U. S. ARMED FORCE { f yes, give wor or dates of servi		CURITY NO. 117	INFORMANT			Add	ress		
X	No				Louma Mar		8520 5	Ω Α2 Τ		TT- 4	ulud.
Æ					Laura Nor	Tis	0227 2	S Alta I	Berry	Hei	nts
Ĭ	IB CAUSE OF DE	ATH [Enter only one couse	e per line for (o), ((b), and (c).]	/	/		P ,			AL BETWEEN
- 1	PART I. DE	ATH WAS CAUSED BY:	Com le	2001/1	100011	of land	0-0	/.	_/	ONSET	AND PEATH
-1	11.112 V	IMMEDIATE CAUSE (6)_	(ELED	101 1	613 6.6116		47.C.C	1004	7		ady
_	4431	DUE TO	,	•						1 ' '	
- 1	Candistan is	bill 5	4/10.	Lais	1.	1	. /	1' -7			
H	Conditions, if		741Er	TCHSIVI	2 /tyter	10-10	elerci	10 415	Pase	9	YEGAS
-1	couse (a), stating		//		/			6		7	
ı	lying cause lost										
- 1											
	PART II O'	THER SIGNIFICANT CONDIT	TIONS CONTRIBUT	ING TO DEATH B	UT NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART	[[(o) 19. \	WAS AUTOPSY
X.	EV .									F	PERFORMED?
	2									Y	S NO
	ZOO ACCIDENT W	AS UNDERLYING [] 20	b. DESCRIBE HOW	V INJURY OCCUR	RED (Enter nature o	of injury in Po	ort I or Part I	l of item 18.)			
	U (IF EITHER, NOTIF	Y MEDICAL EXAMINER)									
į	20c. TIME OF INJU		20d. INJURY OCC		PLACE OF INJURY	Home, form,	20f (City o	r fown)	IC	ounty]	(Stole
	Hour a.m.	10	While Not v	while	factory, street, office	e bldg , etc.)	1		,-	,,	,
	≥ р. п.	17	al work of wa	WIL [
	21 1 cartific t	hat Lattended the d	nengrad from	Assessment	E 10E'Q	A. A		250	.1		
	AT. T COSTITY 1	hat I attended the d	eceasea from,	- Mignat-		-, 10-MU	gust_11	コーニ, 1950-	,that (I	ast saw	the deceas
	alive on Aug		1258	and that dea	th occurred at	8:35/	M. from	the couses o	ind on th	e date	stated above
	0	*	, ,					et, city or town,		duid	
	ACTUAL (1)	0.11 10	1/400		and an	457		er, city or town,	argiel		DATE SIGN
	SIGNATURE	rakies C.	LHURE	age	M.D. 9308	Lerry	154.	Mt. Roll	Hah A	21.	Y1161.
1			11	1				-9-9-4-14888	A Street Houghton	£4:	7
	PHYSICIAN'S		4	V							
	NAME (Type)	Dr. Charles	Hacanca								
F	220 BURIAL, CREMAT	ON. 22b. DATE THEREOF	22- 1144	E OF MILETON	OR CREWITTON	1	no d Loo True	20116			
	REMOVAL Specity		F 10 10	NE OF CEMETERY	OK CKEMATORY		220 LOCATIO	ON (City, topen, o	or county)	7	(Stote)
	1- survey	July 19,11	20 2	clev /	full		MU	Alka		11/11	_
1	23 FUNERAL DIRECTO	S.C. CICANATURE	4005	DEEC .		0. 00017				7 6	
ľ	4 1/1/23	1.	1.	17			BY REGISTRA	-	STRAR'S SIG	11	
	7.00	Kles W	ash,	0, 0,		DATE AUC	3 1 9 '58	Cin	Thun S.	Traile	
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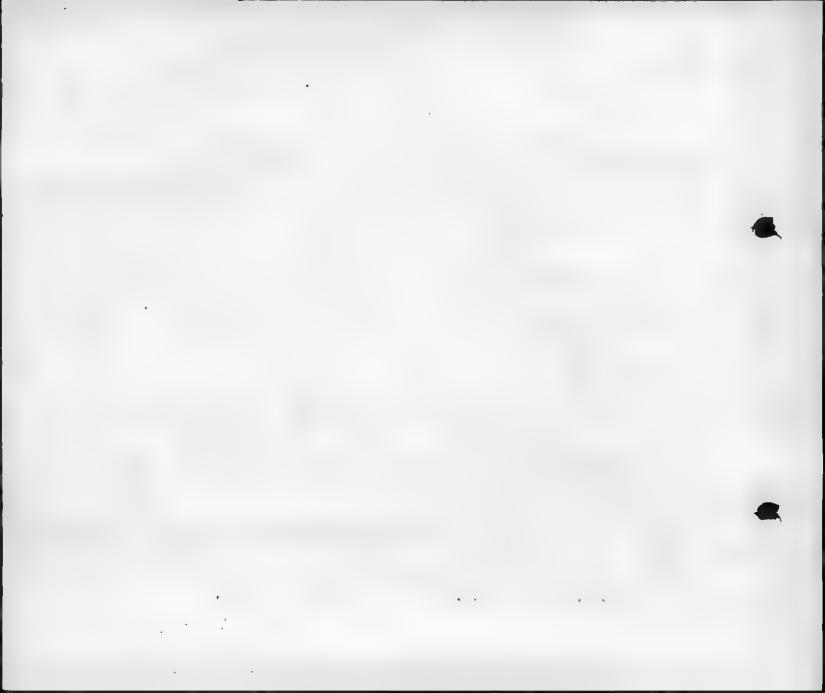


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		941	0	CERT	IFIC	ATE OF DEATH	ł		Reg. C	ist. No.	() ()	
)	1. PLACE OF DEATH 6. COUNTY Prince Geo	orge		MAR	YLAND	2 USUAL RESIDENCE (Who a STATE Maryland	ere decease Princ	_b COUNTY	on: Reside	nce befor	re odmiss	ion)
	b. CITY OR TOWN (If our RURAL and give nears	Itside corporate limit	s, write	c. LENGTH OF STAT	IN 16	c. CITY OR TOWN (If or	utside corpo	prote limits, write R	URAL ond	give nec	rest fown)
	Cheverly	,		ll days	3	. Upper marlb	oro					
	d. NAME OF HOSPITAL OR INSTITUTION		ive street (oddress)		d STREET ADDRESS					e. IS RESIDENCE ON A FARM? YESX NO	
	Prince Georg	re Genera		Middle		Box 256	4. DATE		All			-
	(Type or print)						OF DEATH	Aug		Do "7	/	Yeor 1958
	5. SEX 6.	COLOR OR RACE	7 MARR	IA RI		B. DATE OF BIRTH		9. AGE (In years		RIYEAR		R 24 HRS.
	Town 7 a	Colored	WIDOWE	- AT-L	_	9-11-26		last birthday)	Months	Doys	Hours	Min.
1	Tema le	(Give kind of work of	lone 10b		_ ;	STRY 11 BIRTHPLACE (State of	or foreign c		1 12. C	TIZEN O	F WHAT	COUNTRY
	during most of working	life, even if retired)				Marylan				U.S		
	13. FATHER'S NAME					14. MOTHER'S MAIDEN N				U.D	<u> </u>	
	Henry	D. Aver	S			Ida Bufo	กล					
	15. WAS DECEASED EVER IN	U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17 (NFORMANT	14	Add	reis		ч	
	tree no or animowell	is, give war or dates of se	LAICE		H	usband-Hora	ce Or	mene-IIn	nar	Man m	12	. 15
	18. CAUSE OF DEATH PART I. DEATH IM Conditions, if any, gave rise to imm cause (o), stoting the lying cause lost.	WAS CAUSED BY- MEDIATE CAUSE (o) DUE TO which (b) ediate	2. C	en (o). (b). ond (d) ymph lenera	e s	Aureon Melast	asi				RVAL BE	
)	PART II OTHER	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH 8U1	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
	200 ACCIDENT WAS U OR CONTRIBUTING D (IF EITHER, NOTIFY MEI	NDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D (Enter noture of injury in P	ort I or Pari	1 of item 18.)				
	20c. TIME OF INJURY Hour a. m. p m.	Month, Day, Yea	r 20d, IN While of work	IJURY OCCURRED Not while of work	20e. Pl. fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City	or town)		(County)		(State)
	21. I certify that	I attended the	decease	ed from Jul;	y_28	. 19 <u>58</u> , to 8-	-7-	1958	,that I	last so	w the	deceased
	alive on 8-7		_/12.5	8 and that	death	accurred at 6:15P	M, fron					
	ACTUAL SIGNATURE	Tidde	uss	24				treet, city or town,				ATE SIGNED
	PHYSICIAN'S D	r. R.B. S	assei				p gen Atheny des des elle teur	4				
	220 BUR AL, OFFICATION, BEAGVAL (Specify)	8-12-58		Arlingto				ngton,	Va.		(Stote	r)
	23 Milen DIRECTOR	or Kol	ins	ADDRESS	nd I	D.C. 240 REC'N	SA-SECISE	PER 8 24b. REGIS	STRAR'S	GNATUR	E/ /2	/





ARYLAND STA	TE DEPARTMENT	OF HEALTH-BA	ALTIMORE, 18
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CERTIFICATE OF DEATH

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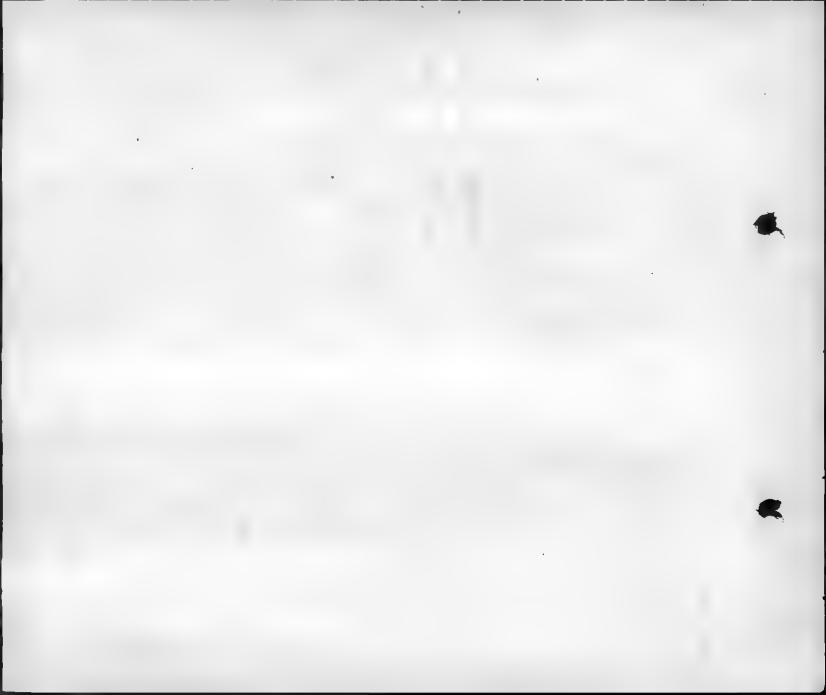
	_	3344	Reg. Dist. No.
		PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY
		Prince George MARYLAND	3 COUNT
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RUNAL and give nearest fown)
		Cheverly 6 Days	X Seabrook Acres
		Cheverly d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE
,			ON A FARM?
/	-	Prince George General	9405 Tuckerman & St YES NO.
	3.	NAME OF First A Middle	Last 4. DATE Month Day Year
		(Type or print) John Jeonge	DC4-14
	5, 5		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 ARS
		Make White WIDOWED DIVORCED	11-3-1919 36 7 8rs Months Doys Hours Min
	10a	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY
		ouring most or working the, even it retired)	
1	ļ	Admin Assistant Treasury Dept.	URUCYL, ULUO III.S. 8.
-}	13.	EATHER'S NAME	14 MOTHER'S MAIDEN NAME
3		Internal Pinh	8 h h . o . C V . i V
9	4	on one	no per since in a
	25	WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 IF	NFORMANT Address
	4	151 WW. 2 av - time 249.03-5489 8	leanor m. Tinkos
		IB CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]	
			INTERVAL BETWEEN ONSET AND DEATH
1		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CECLET	ely (my Calua)
		1/1/2	
		DUE TO	
		Conditions, if any, which) (b) Mel lepile	Clarital Salerior Renolunta t
		gave rise to immediate Dus To	
		cause (a), stating the under-	
		lying cause last. (c) / Letter c'-	heart allocal
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	Ě	**************************************	PERFORMED?
	Ι <u>Θ</u> Ι		YES NO 🗆
	1	200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED	(Enler nature of injury in Part I or Part II of item 18.)
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	·
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
	63		tary, street, office bldg , etc.)
	≥	p. m. 19 of wark at work	
		21. I certify that I attended the deceased from 17050	577, 1950, to Aug 14, 1958 that I last saw the deceased
		alive on Aug. 13. 1958 and that death	accurred at 1:304 M, from the causes and an the date stated above
		UUM CH	ADDRESS (Street, city or lown, stole) / DATE SIGNED
		ACTUAL CILL French,	4713 7602 770 011
4		SIGNATURE	NO. I Oliths
		PHYSICIAN'S	100 741/11
			Caller CX MX
	20		
-	220	BURIAL, CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY OR	R CREMATORY 22d LOCATION (City, town, of county) (Stote)
-	14	1010 5 113 10 8 Walnuth.	Charles Caline of 40
	23	EUNERAL DIRECTOR'S SIGNATURE ADDRESSO 4	andley artinglon Va.
	A	EUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 REGISTRAR 246 REGISTRAR'S SIGNATURE
	16	Eliza turreral Homes in	DATE AUG 1 8 '58 min & trans



09427

Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution Basidence before admission) c. CHY OR TOWN (If guiside corporate limits, write RURAL and give pearest town) ON A FARM? YES NO P Year 195% IF UNDER 1 YEAR OF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) Athat I last saw the deceased A. M. from the causes and on the date stated above ADDRESS (Street, city or lown, state) 22d. LOCATION (City, town, or county) 24b. REGISTRAR'S SIGNATURE Inun &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de ay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with farm PM3. at 2, 5 may be retained for your files. TO FUNERAL DIRECTOR:

3 should be used as a burial-transit permit. File pages 1. It with the State Board of Wealth, or 1's designated agent, pror to burial, cremation, are removed, and in proverent film. Hours after death.

ms A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09429

Reg. Dist. No.

D. COUNTY Prince Georges b. CITY OR TOWN if you do corporate town, with both composed town and corporate town, with both composed town and corporate town, with both composed town and corporate town, with the county of the winds and town town the composed town and town town the composed town to the composed town town the composed town town town the composed town town town the composed town town town town town town town town	1. PLACE OF DEATH			2 USUAL RESIDENCE (Wh	ers deceased lived IF institution: R	esidence before odm ssion)
b. CITY OR TOWN of mote capacies bead, we make capacies bead with a control bead on wheat bead of the control bead of the capacies bead of	P	rince Georges	MARYLAND	O. STATE N.Y.	b. COUNTY	
Hyatsyille 2 hrs	b. CITY OR TOWN (III	iuts de corporale limits, write RUZAL	c. LENGTH OF STAY IN 16		utside corporate l'mits, write RURAL	and give nearest lown)
d NAME OF HOSPITAL OR INSTITUTION (I not in hospito), give street oddress) COUNTY Service Building 154 W. 141st Street North Day Year Yes ON A REAM? YES ON THE ON A PARM OF DEATH North Day Year Yes ON THE ON A PARM OF DEATH North Day Year Yes ON OR PARM OF DEATH North Day Year Yes ON THE ON A PARM OF DEATH North Day Year Yes ON THE ON A PARM OF DEATH North Day Year Yes ON THE ON A PARM OF DEATH North Day Year Yes ON THE ON A PARM OF DEATH YES ON THE	9.9	attsville	2 hrs	New Yo	ork City /	<u></u>
SAME OF COUNTY SETVICE BUILDING 154 W. 141st Street VIS NO	d NAME OF HOSPITA	L OR INSTITUTION (f not in hos			<u> </u>	
DECEASED Nello A. Reynolds DEATH AUGUST 9 19 58	County	Service Build	ling	154 W. 1	L41st Street	
S. SEX S. COLOR OR RACE 7 MARRIED S. DATE OF BIRTH S. ACE to prove S. OCION OR RACE 7 MARRIED S. DATE OF BIRTH S. ACE to prove S. OCION OR RACE 7 MARRIED S. DATE OF BIRTH S. ACE to prove S. OCION OR RACE 7 MARRIED S. DATE OF BIRTH S. ACE to prove S. OCION OR RACE 7 MARRIED S. DATE OF BIRTH S. OCION OR B	3. NAME OF DECEASED		Middle	Lost 4		Doy Year
S. SEX	(Type or print)				DEATH A	9 19 58
Male colored Widowed or invoked 3-20-22 36 yr. Moorm boys Moorm bo	5. SEX	6. COLOR OR RACE 7 MARRIE	ED X NEVER MARRIED 6.	DATE OF BIRTH	9. AGE (in years IF UN	DER TYEAR IF UNDER 24 HRS
10. USAL OCCUPATION Give kind of work done dynamic of working like, even if retired) 12. CRIZEN OF WHAT COUNTRY dynamic of working like, even if retired) 12. CRIZEN OF WHAT COUNTRY dynamic of working like, even if retired) 12. CRIZEN OF WHAT COUNTRY dynamic of working like and of the remains described dowe, held an Autopsy Inspection Inquiry Automatical like and of working like and of the working like and of the working like and working like and of the working	Male	coloredWIDOWE	DIVORCED	3-20-22		hs Days Hours Min
13. FATHER'S NAME Samuel G. Reynolds 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Yes (Currently U.S. Army Records 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cours per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Hanging (c), stoling the underlying (c), stoling the underlying (c), stoling the underlying Course to injury in Part I or Part II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN BY PART II. OTHER SIGNIFICANT OF PART II. OTHER SIG	10a USUAL OCCUPATIO	N (Give kind of work done 10b)	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or		CITIZEN OF WHAT COUNTRY?
Samuel G. Reynolds 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address YES Currently U. S. Army Records 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation ONATION TO CONDITIONS (b) Hanging Course lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19. WAS AUTOPSY YES NOW NOTE THAT H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19. WAS AUTOPSY YES NOW THE HAMBY 15 or CONTRIBUTING SUICIDAL HANGING 200. EXTERNAL CAUSE WAS PLANE SUICIDAL HANGING CAUSE OF DEATH. SUICIDAL HANGING (County) (Stole) 4 & U. S. Army Records INTERNAL FORCED (COUNTRIBUTION) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19. WAS AUTOPSY YES NOW YES NOW 200. EXTERNAL CAUSE WAS PRIMARY 15 or CONTRIBUTING SUICIDAL HANGING 200. EXTERNAL CAUSE WAS PRIMARY 15 or CONTRIBUTING SUICIDAL HANGING 200. EXTERNAL FOR CONTRIBUTING SUICIDAL HANGING SUICIDAL EXAMINER SIGNATURE ACCURATE SIGNATURE ACCURATE SIGNATURE SIG		dier U	.S.Army			U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO 17. INFORMANT Address [17. INFORMANT Address Up on the standard of the st				14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? If you gave were referred to the statement of the process of the			the second secon	Mare	V. Wood	
IBL CAUSE OF DEATH Enter only one course per line for (o), (b), and (c).			SOCIAL SECURITY NO 17, 14	FORMANT		
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SIGNATURE MD. CHIEF MEDICAL EXAMINER	opinion death r	esulted from: Natural o	causes [], Accident [], Suicide 🔀, Ho	amicide 🔲, Undetermine	ed manner 🔲
SIGNATURE MD. CHIEF MEDICAL EXAMINER		1 -0024	///			
A CONTRACT AND		3/m J. 17/6	Warren	M D. CHIEF MEDICAL EXAM	MINER 🗍	DATE SIGNED
EXAMINER'S	TVAMBUTA'S	01.10	1	ASSISTANT MEDICAL	EXAMINER []	
NAME (Type) / John T. Maloney. M.D. DEPUTY MEDICAL EXAMINER 1 Aug. 9, 1958	NAME (Type)	John T. Malon	ey. M.D.	DEPUTY MEDICAL EX	AMINER D Aug. 9	. 1958
220. BURIAL CREMATION 226. DATE THEREOF 221. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown or county) (Stole)	220. BURIAL CREMATION			CREMATORY 2	Name of the last o	
Burial 8-14-58 L. I. Nat'l. Cometery Farmingdale, L. I. N. Y.	- 4 M	8-14-58	L. T. Natil.	emetery	Farmingdale, I.	T. W. Y.
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	The second of the second	SIGNATURE	ADDRESS	24o. REC'D	BY REGISTRAR 245. REGISTRAR'S	SIGNATURE
John T. Rhines & Co. 3001 15th St., N. E. DATE AUG 1 3 '58 Chilling S. Kings	John T. Rh	ines & Co. 300	1 15th St., N	DATE AU	G 1 3 '58 Chilling	S. Kraus



9452

CERTIFICATE OF DEATH

Pen Dist No

09430

		hay, bist, etc.
	1. 8	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) 5. COUNTY 6. COUNTY 6. COUNTY 7. LINC OF MARYLAND 7. ACCUMANT AND 1. COUNTY 1. LINC OF 1. LI
	ا	o. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	7	eat Pleasant & 844 Deat Meason 1 leasant,
		OR INSTITUTION 7520 CENTRAL AUC ON A FARM
		NAME OF DECEASED Type or print) Mary ELIZabeth Robert Beath Month Day Year 19, 78
	5. 5	EX 6. COLOR OR PAGE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Lost birthday) Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relied)
	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
		JAMES King SUSAN -TONES
	15, (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL JECURITY NO. 17. INFORMANT Address Mine Marcy L William Address
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: Death Congostilo Cardine lacker of the
		420.1 DUE TO
		gove rise to immediate DUE TO
		lying couse lost.
^	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?
	FICA	YES NO Z
	1 CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not work of w
		21. I certify that I attended the deceased fram Figure 1, 1958, talk 1, 1958, that I last saw the deceased
		alive an Llug =/, 1957, and that death accurred at 25 /M, from the causes and an the date stated above.
		ACTUAL SIGNATURE Para Community of the Anti-
,		PHYSICIAN'S PACIFALANALLA WILLIAMICAN - Ch.
1	220	BLIRIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVACIONALLY 8-23-58 EPIPHANY-CHURCHCEM FORESTVILLE MD
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		W.W. CHAMBERS 5/7-11 St. S.E. DATE AUG 25 '58 Cirlling S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: A is certificate has been signed by the attending physician on a page 3 shauld be detache use as the burial-transit permit. Then please remove carbary the registrar priar to buria mation, ar removal. and in any event within 72 baurs offer detached. VS A15 (4) 15M 9/55

ompletely filled in by the funeral director, its. Pages I and 2 should be tyted with







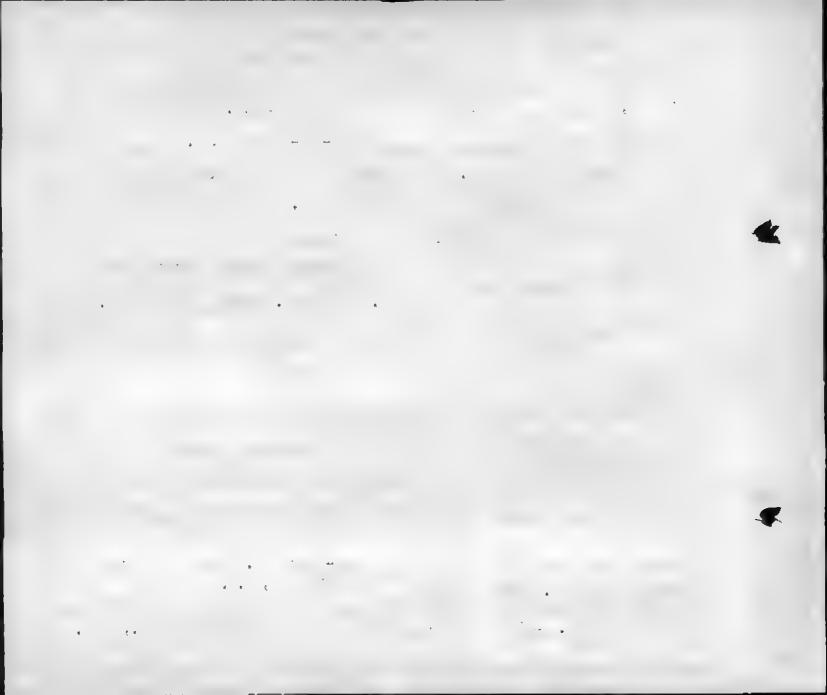
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) F -4 X -ON A FARM? YES 🔲 NO 🖫 Month Year 1958 August 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Dovs 12. CITIZEN OF WHAT COUNTRYS United States Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES INO [X Can went off hishway hitting tree (County) (Stole) Prince Georges ____, 19___, to_____, 19___, that I last saw the deceased ADDRESS (Street, city or town, state) Hospital Andrews, Andrews AFB 22d. LOCATION (City, town, or county) (State)



	9414		CERTIF	ICA	TE OF DEATH	1		Reg. Dist. N	lo.	
1. PLACE OF DEATH . COUNTY Prince Geo			MARYLI	IND	2 USUAL RESIDENCE (WI 0. STATE Maryland		b. COUNTY	ince Geo	orges	
b City of TOWN (If RURAL and give ned Cheverly	rest town)		c. LENGTH OF STAY IN 2 days and	1	Mt. Rainier	11	rote limits, write R	RURAL and give	nearest la	wn)
d NAME OF HOSPITA OR INSTITUTION Prince Ge	L (If not in hospital, g		nital		d. STREET ADDRESS	/ treet			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir	sř	Middle		Losi	4. DATE OF DEATH	Mar		Day	Year 1958
5. SEX		7	Mae RIED NEVER MARRIED ED □ DIVORCED	_ 1	DATE OF BIRTH		9 AGE (In years last birthday) 69 yrs	IF UNDER I YE.		DER 24 HRS
	White N (Give kind of work on ing life, even if retired ousewife	done 10b.				1		12. CITIZEN		AT COUNTRY
13. FATHER'S NAME	Thomas P	arke	r		14 MOTHER'S MAIDEN N Unicnow	NAME				
15. WAS DECEASED EVER (Yes. no. or unknown) (III	IN U. S. ARMED FOR yes, give wor or dates of s	CESP 16.	social security No.	1	ormant liam F. Row	an	Mt Rain:		ryla	nd.
Conditions, if an gove rise to im cause (o), stoling Il lying couse lost. Part II. OTHE	mediate DUE TO)	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART I(o	19. WA	S AUTOPSY
PART II. OTHE	CAUSE OF DEATH				(Enter noture of injury in I					NO 🗆
Zoc. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While of wor	Not while	Oe PLAC focto	E OF INJURY (Home, form ry, street, office bldg., etc	20f. (City	or lown)	(Count	ly)	(Stole)
21. I certify the alive on AT ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Vorm,	19. 19. 19.20			19 62 to 4 occurred at 9:50 b. 3	.IM, from				
220 BURIAL, CREMATION FEMOVAL (Specify) BUTIAL	Aug 27,	195	1		46		rion (City, town, land, Ma	aryland		lote)
23. FUNERAL DIRECTOR'S	_	yatt	ADDRESS sville Mary	/lan		AUG 2		STRAR'S SIGNA		53



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 9455 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) "Prince George's b. COUNTY MARYLAND 75 b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Suitland, Maryland 16 Days Washington. D.C. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Suitland Nursing Home ON A FARM? 1716- 22- Street S. E. YES NOW NAME OF Middle 4. DATE DECEASED ADELATDE ROWLEY Lugust 58 31st (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HES lost birthdoy) Months White WIDOWERCOX April 12th, 1877 Hours Famale DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWITE Domestic Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL Jk o`d o`d o¦⊅ o d(d ∧ o¦⊅,⊅, b d Tabiatha Suttle John Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mr. Clarence A. Rowley Same as # 2. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO D 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. p. While Not while ol work p. m. Curgust 3/ 195 Sthat I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 8 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR 815- East Cap. Street 31st 58 August should Washington . D.C. PHYSICIAN'S Herbert S. Gates NAME (Type) m 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) West Moreland Co., Taylor Cemetery Sept. Va. 0 FÜNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 [4] 15M 9/55 DATE SEE 2



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH_DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived If institution Residence before admission) COUNTY b. COUNTY MARYLAND E. LENGTH OF STAY IN 16 c. CITY QR TOWN (If outside carparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS E. 15 RESIDENCE ON A FARM? YES INO F NAME OF 4. DATE Middle Year DECEASED (Type or print) DEATH 19 47 5. SEX 6. COLOR OR RACE 7. MARRIED AT NEVER MARRIED TO B DATE OF BIRTH AGE (In youts IF UNDER TYPAR lost buildays Months Days WIDOWED [7] DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give wor or dates at service) 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLS WAS AUTOPS PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg , etc) While Not while at work at work 2). I certify that I taok charge of the remains described above, held an Autopsy [], Inspection [2]; Inquiry []. and in my apinion death resulted from: Natural causes 🗹, Accident 🗍, Suicide 🧻, Homicide 🗍, Undetermined manner 🗍 ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER shoold FUNE 220. BUR AL, CREMATION 226. DATE THEREOF 22d LOCATION (City, lows, or county) 22c NAME OF CEMETERY OR CREMATORY SUNERAL DIPECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE VS. A15ME



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PLACE OF DRAM C. COUNTY Prince George's MARTLAND 2 USUAL RESIDENCE [Where decreased lived, If institutions Residence before adminisor) C. STATE Washington D & COUNTY C. STATE Washington D & COUNTY C. STATE Washington D & C. STATE		Reg. Dist. No.
RUPAL CODE (or in Prince 10 brown) Revent New		USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) STATE Washington D bCOUNTY
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Bell Nursing Home 49.29 First Street N W TS NO TS	d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS
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Temple White	DECEASED	
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Marquis R Seidel Norma Cipriano SANS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Bell Nursing Home Hyattsville Maryland. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH MAS CAUSE BY DUE TO DUE T	during most of working life, even if relired) NONE	Washington D. C. USA
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18. CAUSE OF DEATH [Enter only one cause per time for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o), tothing the under lying course (o), tothing the under lying course (o), tothing the under lying course lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERCAMEDY YES NO CONTRIBUTING CAUSE OF DEATH 19 200. ACCIDENT WAS UNDERLYING 10 CONDITIONS CONTRIBUTING COURSE (o), tothing the under life time Research (First Industry Contribution of Industry Contribution of Industry Industry Contribution of Industry Industr		
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work of while at work of wo		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work of while at work of wo	TOTAL	YES NO
21. I certify that 1 attended the deceased from Gregory 15, 19.78, to Gregory 12, 19.55, that I last saw the deceased alive an 19.55, and that death occurred at 14.4 M, from the causes and an the date stated above. ACTUAL SIGNATURE ADDRESS (Street, city or town, storie) PHYSICIAN'S NAME (Type) 22d. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) Aug 23, 1958 Mt Olivet Cemetery Washington D. C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR'S SIGNATURE). (Enter nature of injury in Part I ar Parl II af item 18)
21. I certify that 1 attended the deceased from Gregory 15, 19.78, to Gregory 12, 19.55, that I last saw the deceased alive an 19.55, and that death occurred at 14.4 M, from the causes and an the date stated above. ACTUAL SIGNATURE ADDRESS (Street, city or town, storie) PHYSICIAN'S NAME (Type) 22d. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) Aug 23, 1958 Mt Olivet Cemetery Washington D. C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR'S SIGNATURE	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PU	
alive an 1958, and that death occurred at 145 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) PATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22d. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial Aug 23, 1958 Mt Olivet Cemetery ADDRESS 24d. REC'D BY REGISTRAR'S SIGNATURE 24d. REC'D BY REGISTRAR'S SIGNATURE		10.78 to A. A. J. 10.58 that I have the
ACTUAL SIGNATURE TOUR ACTUAL M.D. Callege Park Med. 800/58 PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Aug 23, 1958 Mt Olivet Cemetery Washington D. C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
ACTUAL SIGNATURE FIGURE AND CARLESS PARK KED 8558 PHYSICIAN'S NAME (Type) 22d. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Aug 23, 1958 Mt Olivet Cemetery Washington D. C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	alive an ano mar deam	
NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Aug. 23, 1958 Mt. Olivet Cemetery Washington D. C. 22a. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22da. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	SIGNATURE Thurson A. Ohren Torocke	120 D L L 1 C/22/CG
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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	22d. Burial, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF Burial Aug 23, 1958 Mt Olivet (
F. Garable Song Hyatterille Hamyland Date AllG 2 5 '58 Coming S. Frank		240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
- dasch s ons hyactsville, Falyland, bat hour	F. Gasch's Sons Hyattsville, Man	cyland. DATE AUG 2 5 '58 Commy S. Frank

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached use as the buriot-transit permit. Then please remove carbon for Pages 1 and 2 should be filled with the registrar prior to buriot, "Cremation, ar remaval, and in any event within 72 hours ofter document. VS A1S (4) 15M 9/5S



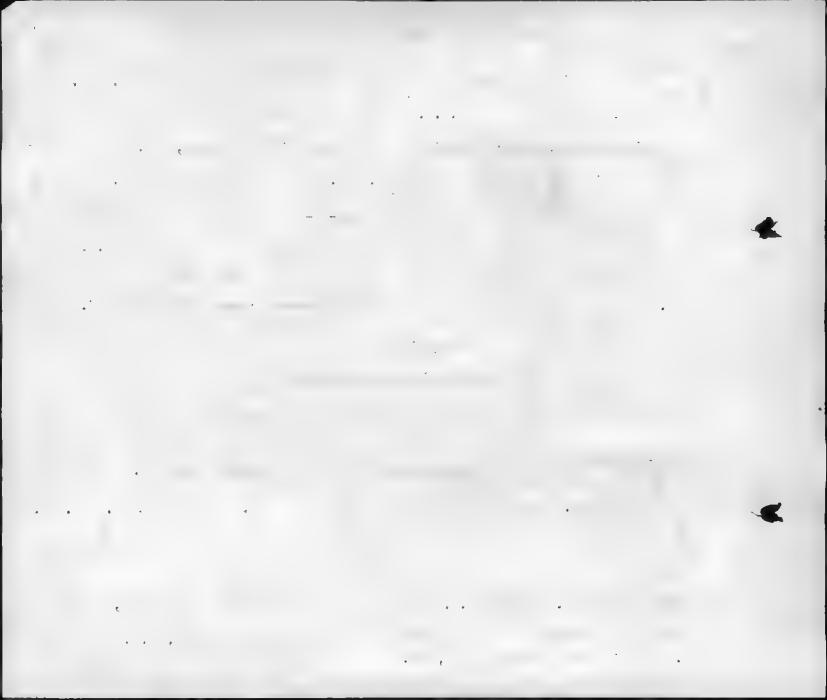
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FOR STATE HEALTH DEPT. y delay is necessary. Flease he funeral director. Page e retained far your files he Stote Board of Health, let death. may havin the o the Give Poges 1, 2, the form PM3. Paix on File pages 1 a 18. Give 19 with form P in pencil in Item, 18 ner's Office along w burial-tronsit perm per pencil in 0 e ward "pending" ief Medicol Exomi nautd be used os o 06 icate, varded CTOR: farwo 급 should FUNER

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EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please	scute in eleminates, writing the word penang in penal in tem, is. Give rages is, is, and statine tuneral arrectors, rages having the farwarded to her Chief Medical Examiner's Office along with farm PMS. If the 5 may be retained for your files.	UNERAL DIRECTOR: P. 3 should be used as a burial-transit permit. File pages 1 to with the State Board of Health	its designated agent, prior to burial, cremation, ar removal, and in any event within it have after death.	
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VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3434	Reg. Dist. No.
1, PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Pesidence before admission)
Prince Georges MARYLAN	o. STATE Maryland b. COUNTY Pr. Geo.
b. CITY OR TOWN (If dubide corporate limits, with EURAL and give nearest found)	b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Berwyn Heights 3 yrs.	Berwyn Heights
d. NAME OF HOSPITAL OF INSTITUTION (If not in hospito), give street oddress)	d, STREET ADDRESS RUATEN 6 IS RESIDENCE ON A FARM?
5626 Rawton Street	5626 Routen Street YES NO.
3. NAME OF First Middle Middle	Lost 4. DATE Month Doy Year
	Showard DEATH Aug. 8, 1958
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male white WIDOWED DIVORCED	2-0-23 32 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	
Bus driver Transportation	Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER S MAIDEN NAME
Derma Ted Showard	Georgia Meers
[Yes, no, or unknown] (If yes, give was as dates of service)	, INFORMANT Address
Yes W.W. 2 577-22-6036	Elsie Showard; same address as # 2.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY:	INTERVAL DETWEEN ONSET AND OPATH
IMMEDIATE CAUSE (o)	TCALCOR
1/6.0 DUE TO	
Conditions, if ony, which gove rise to immediate cause	acnoxide poisoning
(o), stoting the underlying DUE TO	madd on the bone
	ration in home If not related to the terminal disease condition given in part 160119, was autopsy
2	PERFORMEDT YES NO
PRIMARY For CONTRIBUTING () CAUSE OF DEATH. 200 EXTERNAL CAUSE WAS CONTRIBUTING () CAUSE OF DEATH.	(Enter nature of injury in Fact t or Part (t of Item 18.)
	in room of deceased. Cause unknown at this time
	PLACE OF INJURY (Home, form, 20t. (City or town) (County) (State) octory, street, office bldg, etc.)
	home Bermyn Heights, Pr. Geo. Md.
21. I certify that I took charge of the remains described of	bove, held on Autopsy 🔲, Inspection 🔂 Inquiry 🔂 and in my
apinion death resulted fram: Notural causes . Acciden	t █, Suicide █, Homicide █, Undetermined monner █
1 - 0 AL 1	DATE SIGNED
SIGNATURE JOHN - Maloney	M.D. CHIEF MEDICAL EXAMINER
EXAMINERS	ASSISTANT MEDICAL EXAMINER
NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER August 8, k958
	National Cem - Arlington, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WEST	
The S.H. Hines Co 2901 lith St., F	DAYE THE THE THE THE THE THE THE THE THE TH



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VS A15 (4) 15M 9/5S









gave rise to immediate cause (a), stating the underlying cause last.

21. I certify that I attended the deceased fram...

that I last saw the deceased

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

ADDRESS (Street, city or lawn, state)

DATE SIGNED

220, BURIAL CREMATION. REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

, and that death accurred at \$2.13

22d. LOCATION (City, town, or county)

(State)

23. EUNERAL DIRECTOR'S SIGNATURE

5. SEX

24a, REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

M, fram the causes and an the date stated above.

0 VS A15 (4) 15M 9/55

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PERFORMED? NO TH

DATE SIGNED

(State)

(County)

Hours



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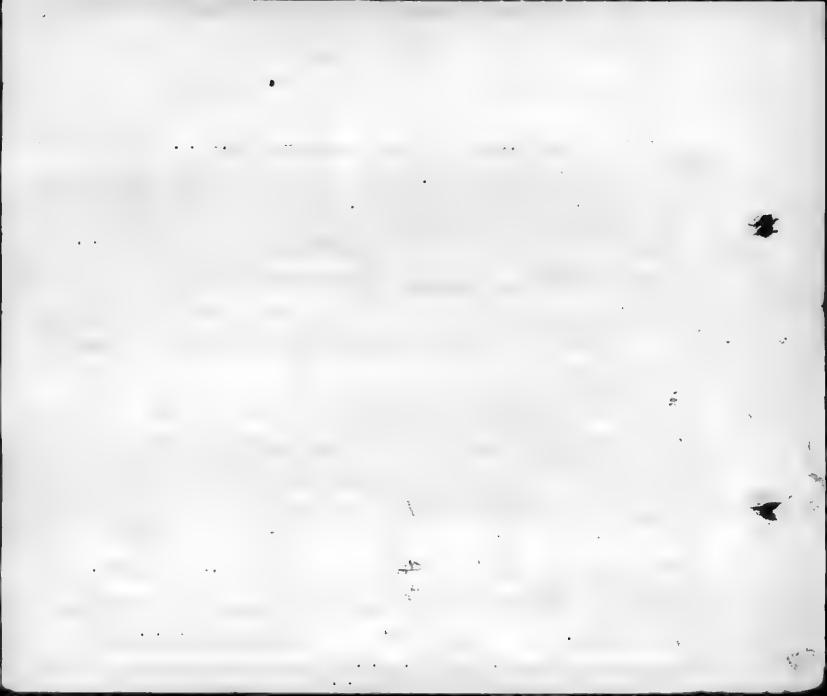
Rinaldi Funeral Home, Inc.,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EATH.		Reg. Dist. No	, UUTIU
ENCE (Where decease	d lived. If institution b. COUNTY	oni Residence bef	ore admission)
istrict of		9	
OWN (If outside corpo	prote limits, write R	URAL and give no	earest town)
ashington		6/ //2 30	
DORESS			e. IS RESIDENCE ON A FARM?
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4. DATE OF DEATH	Mon		6 19 58
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1881	9. AGE (In years last birthday) 76 yrs.	Months Days	Hours Min.
CE (State ar fareign c		12 CITIZEN	OF WHAT COUNTRY?
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MAIDEN NAME			
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THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	
inium in Boot 2 on Boo	t II of the 10.1		YES NO
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ome, farm, 20f. (City	or lown)	(County) (State)
bldg., etc.)			
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to 7 14 6			aw the deceased
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ADDRESS (5	Ireet, city or lown,	stote)	DATE SIGNED
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Cheverly	ML OHE	Verile V	4. 0/20/30
22d. LOCA	TION (City, tawn, c	ar county)	(State)
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24a. REC'D BY REGIST		D.C.	IRE
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VS A1S (4) 1SM 9/S5



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TH-BALTIMORE, 18

09447

420 CERTIFICATE OF DEATH	2.0.0	CEDTIEICATE	OE	DEATH
	400	CERTIFICATE	O F	DEATH

Reg. Dist. No.

17	1. PLACE OF DEATH COUNTY Prince Ge	orges		MARYL	AND	2 USUAL RESI		ere decease	b county	(T	rges	
	b. CITY OR TOWN (III RURAL and give no	outside corporate limit arest town)	s, write	c. LENGTH OF STAY	N 1b	c. CITY OR	TOWN (If a	utside corpo	rote limits, write R			
	Cheverly					Y Sea	t Ples	sant.				
,	d. NAME OF HOSPIT	AL (If not in hospital, g	ve street o	oddress}		d. STREET A	DDRESS					RESIDENCE
		Georges	Gen	eral		6910	D St					N A FARM?
	3. NAME OF DECEASED	Fire	it	Middle		Los	ı	4. DATE	Mon	th	Day	Year
	(Type or print)	Margare	t M	elvenia Va	nn			OF DEATH	Augu	st 15	, ,	19 58
	5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIE		DATE OF BIRT	Н		9. AGE (In years	IF UNDER 1 YE		NDER 24 HRS
	Female	White	WIDOWE	D DIVORCED		12-10	-43		lost birthday)	Months Day	rs Hou	ers Min.
	100 USUAL OCCUPATIO	IN (Give kind of work of ing life, even if retired)	ione 10b	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPL	ACE (Stole	or foreign c	ountry)	12 CITIZEI	OF WE	HAT COUNTRY?
	aving most of most	my ma, even ir remedi		Student		[Was	shing t	J 000	o.C.	151	4.	
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	VANN, MI	chael Fr	eder	ick		Diede	eric K	Cuth	riane 6911	n st	Sout	Planeaut. M.
Н	15, WAS DECEÁSED EVEI	IN U. S. ARMED FORG		SOCIAL SECURITY NO.	17 IN	FORMANT	- , , ,)	Addi	ess	D. 4 1	Hem Man A
	(and the second	ir yes, give wor or ourse or te	rotcel									
j	18. CAUSE OF DEA	TH [Enter only one co	use per lin	e fpr (a), (b), and (c).]						}1	NTERVAL	BETWEEN
1		TH WAS CAUSED BY:	1)	I al oli	۲,	COMA	+			C	NSET A	ND BEATH
-	* * */	DUE TO		<u> </u>								-
-	Conditions, if or	w which)	1	DIABET	F						11	EAO
-	gave rise to in	nmediate (4	/ (-)							-1	
ı	couse (o), stating t lying couse lost.	he under (c)										
	Z PAIT II OTH			ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1/c	19. W	AS AUTOPSY
	PAIR II OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	Non	JF								PEI	RFORMED?
	200 ACCIDENT WA	S UNDERLYING []	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter noture o	f injury in P	ort I or Port	II of item 18.)		123	
	(IF EITHER, NOTIFY	CAUSE OF DEATH										
	3 20c. TIME OF INJURY	Month, Doy, Yea	r 20d. IN	JURY OCCURRED :	20e. PLA	CE OF INJURY	Home, farm,	20f (City	or town)	(Coun	tyl	(State)
-	20c. TIME OF INJURY	19	While	Not while	fact	tory, street, office	bldg., etc.)			(400	71	(2.2.0)
		- 1 - 11 - 1 1 -		(2 /	1	105	7.	11	4			
-	. Kuc	at I attended the	-	7) 1 1	¥	19	./ IO[,	NOW				ne deceased
-	alive on_FMLF	- Marie	_, 122	and that i	death	occurred at	-10:3	PN, tron	n the causes a	nd on the	date st	
-1	ACTUAL	01 12	4)	1 . 1.	- 46.4	0	UK /	C C	A The A	t.	10	DATE SIGNED
	SIGNATURE	chon	//	thene	7/-	10	401:	-yl-	H-1-1-1-1-1	W	WELL	gust []
1	PHYSICIAN'S NAME (Type) A	an an C S-	£ 300 000				1.12	1 /	1	DE.	U	,
	220 BURIAL CREMATION		ichar	22c NAME OF CEME	EDV OF	CREMATORY	14.1.43	224 100	CAA A	<u>- /</u>		
	REMOVAL (Specify)					Hill			ion (City, town, a		(5	itote)
1	Burial 23. FUNCTAL DIRECTOR'S	Aug. 1	7,17	ADDRESS	ta1	11 1 1 1	na- pecin			TRAR'S SIGNA	TILDE	
	You F	ALC A A	1/-	11-4300		a. Mark	240. KEC'0	BY REGIST				
E	LEL JU	relat)	YOM	OHT MIA	es	24.116	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 '58	Chillian	S. Thousand	l .	





FOR STAT HEALTH DEP Page . If ony delay is necessory, please is 3 to the funeral director. Page may be retained for your files. with the State Board of Health, 100

urs after death.

ond Beath.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9422

Reg. Dist. No.

11.1773	39448
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T	1			THE RESERVE AND A SECOND COMMENTS.				
	1. !	LACE OF DEATH				Here deceased lived.	If institution: Residence be	fore admission)
1		Trince	george	MARYLAND	O STATE Dec	trict 1	COUNTY	er i
i	b	. CITY OR TOWN III autitide corporate fi	imits, - REFRAL C LEN	GTH OF STAY IN 15	c. CITY OR TOWN (If	outside corporate Dr	nits, write RURAL and give	neorest town)
1		Cong ve neorest lown	100	dnarral	Wa	2	ita /	
,	d	NAME OF HOSPITAL OR INSTIT			d. STREET ADDRESS		7	Te IS RESIDENCE
	6	Darios Cara	a aid	1) That it	1354	and the	and to	ON A FARM?
	3 1	NAME OF	First Comer	Middle	1337	- Mariana	green war	AES NO N
		Type or print)		Middle	- Lost	OF OF	Manth Doy	
	5. S		UNGION	V! \$	TI I byo	DEATH (CC	eg 10	1900
	روسا	V II	RACE 7. MARRIED N		ATE OF BIRTH	9 AGE lost birt	hdoxida Annihi Days	Hours Min.
1	V	nove jelle	WIDOWED	DIVORCED	rul 16,19.	33 13	5 yrs.	
	10o.	USUAL OCCUPATION (Give kind o	of work done No KIND 654	BUSINESS OF INDUSTRY	11. BIRTHPIACE (Sfore	or foreign country)	12 CITIZEN C	E WHAT COUNTRY?
		Clerk	Thou	land	Ihai	Land	Tha	land-
	13.	FATHER'S NAME	1.2	1.	. MOTHER'S MAIDEN N	IAME		
		KUMTON	VISUT	bhol	THONG	hour		
	15.	WAS DECEASED EVER IN U. S. ARA	MED FORCES? 16 SOCIAL	SECURITY NO 17. INFO	PRMANT 7		Address	540/4
	1	NO	- GW-91 G- 14-14-E	MA	1 Gen. 1	MCI	Kartakan	S A A A
		18 CAUSE OF DEATH Enter only	one cause per line for (o), (b), and (c). }	71-11.	Train 14	A CANANA S	RYAL BETWEETS
		PART I. DEATH WAS CAUSE		2. 20.0			06 - 0	ET AND DEATH
		PA S IMMEDIATE CA		we believe	and the co	me /	- Coca	-
	Н	Conditions, if ony, which }	C .		200	4	1. 4	1 - 6 1
		gave rise to immediate cause	(b) C)	- CANCER	- Crus	X. aung	produce	d pourt
		(a), stating the underlying D	OUE TO					. (
	1,		(c)	This TO BE IT IN DUT NO	Office of the second			
	Ê	FART II, OTHER SIGNIFICAN	AL COMPLISONS COMIK BOI	IING TO DEATH BUT NOT	KEENIED TO THE TERMI	NAUDISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	្ត័	OR CUTCHLIAN ALLECTION	1200					YES NO
	E	200. EXTERNAL CAUSE WAS TRIMARY TO OF CONTRIBUTING	206 DESCRIBE HOW I	NJURY OCCURRED (Ente	r noture of injury in Port	f or Fort H of item 1	e a le	Level 143
	0	CAUSE OF DEATH.	occur	Many De	aus th	J. Ren.	A Road an	estich
	ğ	4- Tilles -	Doy, Year 20d INJURY	OCCURRED 20e. PL CE	OF INJURY (Home, form, street, affice bldg , etc.)	. 120f. (City or town)	(County)	(State)
	MEDI	3-10		t work	254	H1115	ide - 17-	MA
		21. I certify that I took c	harge of the remain	s described above	, beld an Autapsy	, inspection	on Inquiry	and in my
		opinion death resulted fro	m. Natural causes	Accident V	Suicide [7]. F	damicide □. I	Undetermined mann	
			0	2 0	ربــا			о. <u>П</u>
		ACTUAL SIGNATURE COM	and of	Dans not.	LD. CHIEF MEDICAL EX	AMINER 🗍		BATE SIGNED
		SIGNATURE		Do Ly	ASSISTANT MEDICA	AL EXAMINER [7]		
		EXAMINER'S A M	m 5 /	Raid	DEPUTY MEDICAL E		Pro . "	n in cox
	270	BURIAL CRIMATION, 1776, DATE	THEREOF 22c NA	JOY Z	EMATORY (mag 10	11400
	1	RESIOVAL (Specify)	and the state of	Tall a la	2 san of The st	224 LOCATION SEN	town, or sound	(State)
	72	FLIBERAL DIRECTOR SEIGNATURE	191111287	DRESS	oncu onch	101	12/1-	7-
-		I Torres	uil Hom	7 1 281 2	tol mark	1 9 105 82	B PEGISTRAR'S SIGNATU	1/1/
		Le James	noe work	- 500 /	O. HORE	1 10 1004	Withur	1 Tireney
								7 . 75

TO DEBUTY MIDICAL EMAMINER: This certificate should be 4 should be forwarded to the TO FUNERAL DIRECTOR: Por its designated agent, pri VS A15ME 5M 2/57

DEBLUTY MEDICAL ELAMINER: This certificate should be the within 24 Borns of the execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 3 should be forwarded to 12 of the Medical Examiner's Office along with farm PM3. Po PUNERAL DIRECTOR: Pages 1 of 18 designated agent, prior to buriol, cremotian, at removal, and in any event within



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9423

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CERTIFICATE OF DEATH

	0 2 4 0						Reg. Dist.	No.	
1, PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (Who	ere deceased liv	ed If institution	n Residence b	pefore admission)
	nce Georges	County MARY	LAND	Maryla	nd	b. COUNTY	Prince	George	38
b. CITY OR TOWN (I RURAL and give no	If autside carporate limits,	write c. LENGTH OF STAY	IN 3b	c. CITY OR TOWN (If or	utside corporate	limits, write RU	IRAL ond give	nearest fown)	
a.	7	1 Mo	11 d	AVS/4 College	Park				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	e street oddress)		d. STREET ADDRESS				e IS RESIDI	ARM?
	ce Georges C	enezhal Hospi	tal	4508 Ford	ham Lan	8		YES T	40 🗀 K
3. NAME OF DECEASED (Type or print)	Fint	Middle iamin F		Wada	4. DATE OF DEATH	Mya!	gust 1897	Doy Yes	
5. SEX	6. COLOR OR RACE 7	- MARRIED NEVER MARRI	ED X	3. DATE OF BIRTH	9.	GE (In years		AR IF UNDER	
Mala	White "	VIDOWED DIVORCE	0	1/13/1892	'	ost birthdoy) 66 yrs	Months Doy	ys Hours	Min
10a. USUAL OCCUPATIO	ON (Give kind of work do	ne 10b. KIND OF BUSINESS C	R INDUS	TRY 11 BIRTHPLACE (Stote of	or foreign count	7)	12 CITIZE	OF WHAT CO	OUNTRY?
Retir	ting life, even it refired)	Red Cross		Dklahoma.			US	A	
13. FATHER'S NAME	_			14. MOTHER'S MAIDEN N.					
Be	mjamin F. V	Wade		Helen 3	Phomas				
	R IN U S. ARMED FORCE (If yes, give wor or dates of servi W W 1			FORMANT Len Wade Her	nderson	Be t	hesda,	Md.	
PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO	ConorA Hypenrevsi	ny	Thnom . Candio VAS				NTERVAL BETWO	EATH
Conditions, if or gave rise to it couse (o), stating lying couse last.	mmediale (угурен ген зг		LARBIO VA	56464	12 1/15	ease	70767	123
CAT		TIONS CONTRIBUTING TO DEA					N IN PART 1(o	19 WAS AUT PERFORM YES [] N	IED?
O (IF EITHER, NOTIFY	S UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER] 20	%. DESCRIBE HOW INJURY O	CCURRED	(Enter noture of injury in Po	ort I or Port II o	f item 18.)			
ZOC. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Year 19	20d. INJURY OCCURRED While Not while at work Ol wark	20e. PLA faci	CE OF INJURY IHome, form, ory, street, office bldg., etc.)			(Coun	•	(Stote)
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	ot lattended the delug 14 Lorente Delug 14 Von MAN D	1958 and that	death	occurred at 10:40	DAM from the LOOPESS (Street, Fern	city or town, st	nd on the (saw the dedate stated DATE	ceased abave signed
Cremation		958 Fort Li		crematory n Crematory	22d. LOCATION	(City, town, or		(State)	
23. FUNERAL DIRECTOR'S	s signature . Gasch's S	Sons Hyattsv	ille		BY REGISTRAR		RAR'S SIGNA		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. I, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before odmission) o. COUNTY b. COUNTY Prince Georges necessory, please of director. Page of for your files. Board of Health, Prince Georges Marriand MARYLAND b. CITY OR TOWN It outs de corparole limits, write EURA. c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside-corporate limits, write RURAL and give nearest lown) and give nearest lown) College Park Cheverly D.O.A. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS e IS RES DENCE ON A FARM? retained for second 501k Lakeland Read Prince Georges General Hospital YES NO NAME OF DECEASED 19 58 Michela Weekle (Type or print) August DEATH 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18 B. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min. 5-16-58 Female colored WIDOWED [DIVORCED [yr1 2, ond 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State at foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 1. 2, Pog2 recated within 24 hours after dil in Item 18. Give Poges 1, 2, fice alang with form PM3. Partransit permit. File poges I a Washington, D.C. None poges ept-will 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Delores Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Bronchopmeumonia IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying cause tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chie 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a. m. Not while of work all work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🛣, Inspection 🔼 and in my he certifico:e, w be forwarded it AL DIRECTOR: lignaled agent, opinion death resulted from. Natural causes 🚾 Accident 🗍 Homicide . Undetermined manner Suicide 17. ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER' DEPUTY Jehn T. Maloney, M.D. August 5, 1958 should FUNER NAME (Type) DEPUTY MEDICAL EXAMINED IN 220. BURIAL CREMATION 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 1Stole REMOVAL (Special 02 240 REC'D BY REGISTRATE 21. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. RECOSTHARESCENDINATUM AUG 8 VS. A15ME DATE 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ù9451 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If Institution: Residence before admission) a. COUNTY 10/ COUNTY MARYLAND b. CITY OR NOWN Iff outside corporate Monte, while BURAL LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lead on arrival director. 4 TO NAME OF HOSPITAL (If not in hospital, give street, address) . IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO F NAME OF DATE Month DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. fort birthday) Months Hours Min. WIDOWED [DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Dup 19C 13. FATHER'S NAME 14. MOIHER'S, MAIDEN NAME Pages ego. 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO D 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Fort II of item 18.) CAUSE OF DEATH. con Al-an 20d INJURY OCCURRED 20d POLCE OF INJURY Heros, form, Month, Day, Year 20c. TIME OF INJURY (County) (State) Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 14. Inquiry to the Chief I death resulted from: Natural causes , Accident 1 Suicide Homicide . Undetermined cause . cute the certificate, a farwarded to the Ch FUNERAL DIRECTO ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S cute the NAME (Type) DEPUTY MEDICAL EXAMINER A 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 23. FUNERAL/DIRECTOR'S SIGNATUR 24o. REC'D BY REGISTRAR REGISTRAR'S STGNATURE VS. A15ME(5) DARUG 5M 9/55





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 pletely filled in by the funeral director, is. Pages I and 2 should be filed with may be retained by the haspital page 3 should be detached the registrar prior to buriol, of

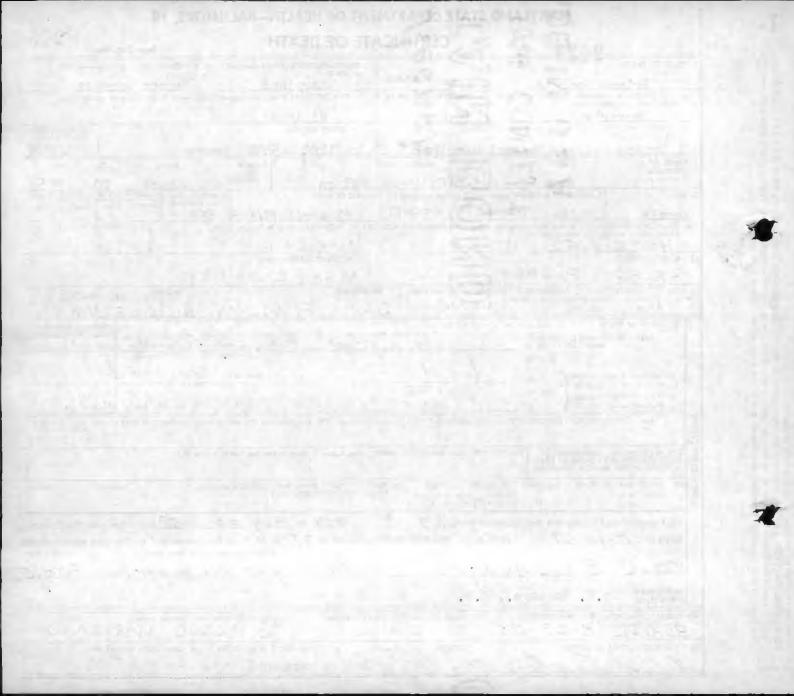
V\$ A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

Reg. Dist. No.

09453

3.	o. COUNTY	_	MARYLAND	2. USUAL RESIDENCE		P. COUNTY			esion)	
-	b. CITY OR TOWN (If outside corporate		c. LENGTH OF STAY IN 16	Mary	1 (If outside corporat		ICO GOO			
	RURAL and give neorest town)					e mans, wine Ku	MAL and give	negresi iuv	*11)	
-	d. NAME OF HOSPITAL (If not in hospi	al aive street	10 hrs	d. STREET ADDRE				1 04		
	OR INSTITUTION	or, give street	voures;	d. SIREET ADDRES				ON	A FARM?	
	Prince Georges	General	Hospital	1209	54th A	venue		YES [] NO N	
	NAME OF DECEASED (Type or print)	First	Middle	lost	4. DATE OF DEATH	Mont		Day	Year	
	SEX 6. COLOR OR R	FRANC				Augu		20	19 58	
J	6. COLOR OR R		RIED NEVER MARRIED	8. DATE OF BIRTH	у.	AGE (In years last birthdoy)	Months Doy			
	Female White	WIDOW		23 Apri	1 ??/893	65? yrs.				
100	USUAL OCCUPATION (Give kind of viduring most of working life, even if re	rork done 10b. tired)	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPEACE (State or foreign cour	ntry)	12. CITIZEN	OF WHA	AT COUNTRY?	
_	HOUSEWIFE			MARYL.	AND		U	S.A		
13.	FATHER'S NAME	Arm in Par		14. MOTHER'S MAID	A = (:	-				
	GEORGE PIE	RCE		MARY	C ASH	BY				
IS.	WAS DECEASED EVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	5-46A	AVI	E	
	No	/	VONE I	AVID E.	WILSON	1 4117	SIDE	AA.		
	18. CAUSE OF DEATH [Enter only or	ne couse per li	ne for (a), (b), and (c).]	0	2	1		NTERVAL B	RETWEEN	
	PART I. DEATH WAS CAUSED	BY:	Mant. 1	ula 1	One . V	011.	Ö	INSET AN	D DEATH	
	149000 DUE TO DUE TO									
	DO	E IO	V. 1-	. 01	1.	na.	1.01	1		
	gove rise to immediate (b) All to a mullismal Carolled 144.									
	couse (o), stoting the under	E TO	14.000	and the	. Wilde	w. ///.	1.A.1	1. 100 1		
7	lying couse lost.	(c)	anuno	1 Carro	Prom	a (Head	rees ye	Course	2.	
ATIO	PART II. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIVE	N IN PART 1(o	PERF	ORMED?	
5	20a. ACCIDENT WAS UNDERLYING [20h DES	COIDE HOW INDUST OCCUPE	ED (Coassant to Call)	in the state of th	of 14 or 10 1		YES] но []	
L CERTIFICATION	OR CONTRIBUTING CAUSE OF DE	ATH	CRISE HOW INJURY OCCURR	ED. (Enter nature of injur	y in Fait I of Fait II	or irem 10.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Hour a. m.			LACE OF INJURY (Home, sctory, street, office bldg.	form, 20f. (City or	town)	(Coun	ty)	(Slote)	
ME	p. m.	19 While of wor	k at work	servery street, attract plag.	, e.c.,					
	21. I certify that I ottended	the deces	ad from A119, 19	. 1958, to	Aue 21	1 10 -5	4	.1		
	olive on Aug. 19	10.5		17.9.6., 10.	total series	173936	, mor i last	sow the	deceosed	
	Olive Oli L. S. of dans and and	122	, and mor deor	h occurred at 3	DONES (Street	he causes ar	id on the o	Jole stol	red above	
	ACTUAL OF C -11	11 00		22.00		t, city or town, s			DATE SIGNED	
	SIGNATURE C. C.	rejes	nejo_	M.D.7.7.08 1 EX	rry st. 1	nt.Kalu	18th, md	1	120/5	
	PHYSICIAN'S Dr.C. Hag	eage	M.D.				,	/	/	
22-										
840	BURIAL CREMATION, 22b. DATE TH	m (2/	CEDAR HI	OR CREMATORY	22d. LOCATIO	N (City, town, or	county)	ISTS	ote)	
- 4	DVN/AL O -	,-00			100112	HAU	MUVK	12/11	AT)	
23.	FUNERAL DIRECTOR'S SIGNATURE	11	ADDRESS 11 57	5 E 240.	REC'D BY REGISTRA		RAR'S SIGNA			
11	Villa Charmes	reas	Think I	DATE	AUG 2 2 '58	Clri	hun S. th	aus		



FOR STATE HEALTH DEPT.

M

VS. ALDME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9428

Reg. Dist. No. ()9454

1. PLACE OF DEATH 6. COUNTY Pr	ince George	8	MAR	YLAND 2	o. STATE Vir	(Where deceased	b. COUNT	V .	nce before admission)
and give regrest fowg	neverly	W RURAL	D.O.A.		c. CITY OR TOWN	(if outside corpo	rate limits, write	RURAL and	give necrest town)
	eorges Gene			rss)	d. STREET ADDRESS		ks, Quar	rters I	e. IS RESIDENCE ON A FARM? YES NO
3, NAME OF DECEASED (Type or print)	Claren		Nelson	Wrig	ht, Jr.	4. DATE OF DEATH	August		2, Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	D DIVORCED	_	TE OF BIRTH		AGE (In years lost birthday) 21 yrs.	Months D	YEAR IF UNDER 24 HRS. Poys Hours Min.
U.S.Nav	ig life, even if relired)		I.S. GOVERN	ment	Missis	sippi	intry)		S.A
	e Nelson W		-		MOTHER'S MAIDEN				
15. WAS DECEASED EV [Yes, no. or unknown]	er in U. S. Armed For the give wer or doles of Currently	service)	SOCIAL SECURITY NO 15-64-8423		ot. of the	Navy, I	Address	Wehri	ng.
FART 1. DEA' 823 × Conditions, if a gove rise to immedial, stating the course tast.	diote cause underlying DUE TO)	Asphyxia Drowning Automobi	le ac	The same of the sa	MINAL DISEASE (CONDITION GIV	/EN IN PART	INTERNAL BETWEEN ONSET AND DEATH 1(0) 19. WAS AUTOPSY EFFORMED?
		or 20d. I White of we	emains describe	tomolece PLACE of factory, E. R. d obove, dent	ile which k. Subject port INJURY thome for strength stdg. of Verdale held an Autop Suicide [], c. CHIEF MEDICAL I	went or tremover. (m.) 20f. (City of the little of the li	t of co d from rown) verdale pection () , Undete	, Pr.	and in my
EXAMINER'S NAME (Type)	John T. Mai	loney,	M.D.		ASSISTANT MEDICAL			st 2,	1958
720. BURIAL, CREMATIC RIMOVAL (Sercital 23. FUNERAL DIRECTOR	B-4-	958	22c. NAME OF CEME	TERY OR CRE	MATORY	22d LOCATIO	ON (City, town,	or county)	(Sfote)

mintropal lacetime SERVICE STREET data tal . . . Estados II de carad deservol acabiro A PROPERTY INCOMES IN THE FA January and the property of the state of the 15-1-15-1-1 Legitusticin demonstra 6.5 (do.1.) Tar all dered the sail concruto trained and foreigns to decide of the allege of the state of the state of THE PROPERTY AND MADE Adopt 1, 1955